

Name
In
Full

Nellie Barrette

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>College</i>		Town <i>Pr Geo.</i>		County		MARYLAND	
Date of death	1907	Month	May	Day	21	Age	—
Sex	Female	Color or Race	White	Birth-place	Mid.	Months	2
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	—			Name of Wife or Husband			
Father's Name	Mr Barrette			Father's Birthplace		Mid	
Mother's Maiden Name	Mellie Dickson			Mother's Birthplace		Mid	
Name of person giving information	Mr Barrette			How related to deceased		Father	

CAUSES OF DEATH

Primary *Hydrocephalus* **(150)** How long *Since birth*

Immediate

Are the name, age, sex, color, date and place correctly given above?

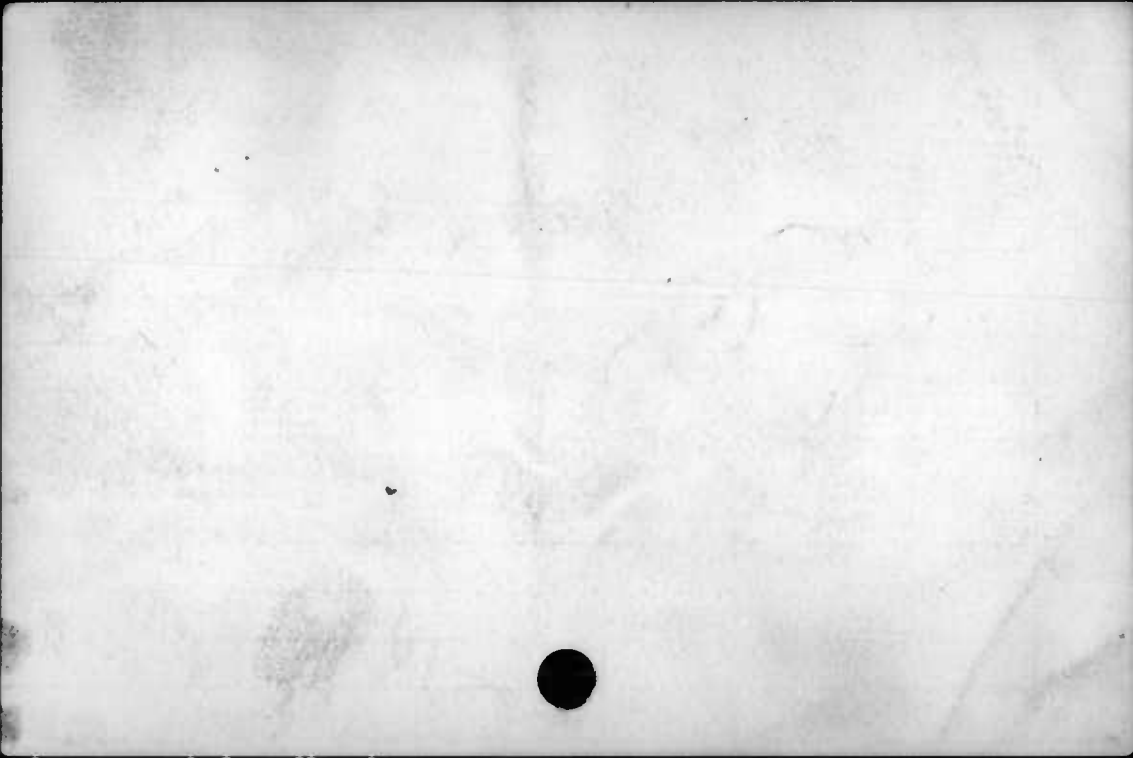
Signature of Physician

Address

Dr. E. E. E. E.
Barryman

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

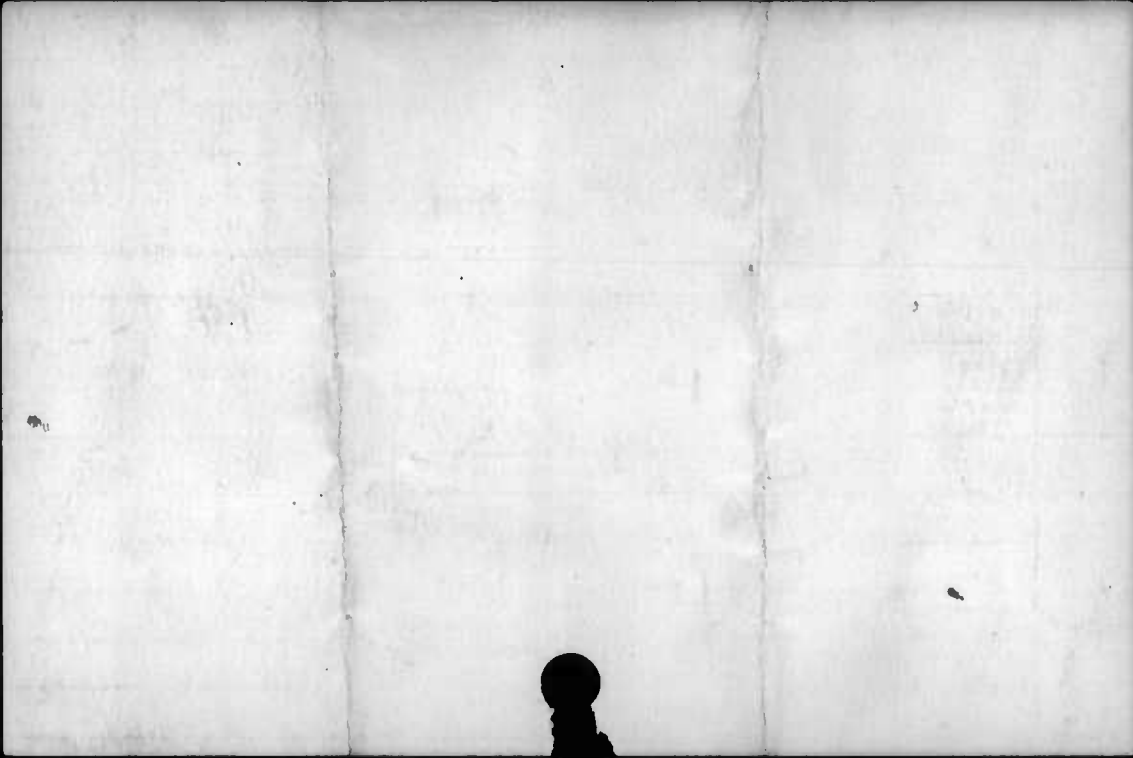
Name in Full Jackson Bleher		Town Riverside		County Pri Mss		State MARYLAND	
Died at Riverside		Month May		Day 26		Years 72	
Date of death 1907		Month May		Day 26		Years 72	
Sex Male		Color or Race White		Birth-place Pa		Months 1	
Occupation Gardener		Where Residing if not at place of death Pa		Months 1		Days 1	
Married, Single or Widowed Married		Name of Wife or Husband Ester Bleher		Father's Name Jackson J. Bleher		Father's Birthplace Ingers Town Pa	
Mother's Maiden Name Dina Piro		Name of person giving information Ester Bleher		Mother's Birthplace Eastern, Pa		How related to deceased Wife	

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary Apoplexy cerebral		How long 64	
Immediate Yes		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Theodore F. Browning	
Address Riverside Ind		Acting coroner Acting coroner	
Accident or Suicide?		LIBRARY BUREAU 'ASBLS	



Name
in
Full

Mary Brooks

CERTIFICATE OF DEATH

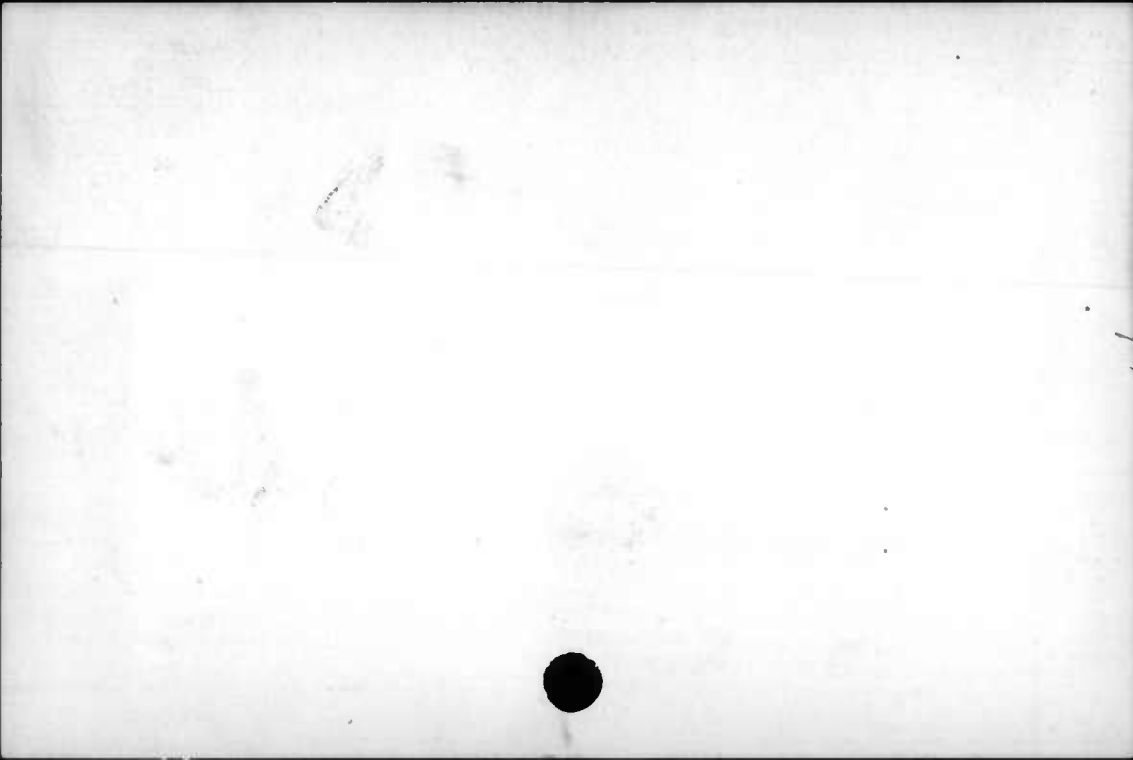
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Aquasco		County Prince George		MARYLAND	
Date of death		1907	Month May	Day 12	Age 38	Years	Months Days
Sex female		Color or Race colored		Birth- place Md			
Occupation housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Nicholas Brooks					
Father's Name George Douglas		Father's Birthplace Md					
Mother's Maiden Name Jane "		Mother's Birthplace "					
Name of person giving In formation Nicholas Brooks		How related to deceased husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Indigestion	(104)	How long One hour
Immediate	Heart failure		How long Instant
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. Morton Bowen	
		Address Aguasco	
Accident or Suicide? No		Md	



Name
in
Full

Bernard Calvert

CERTIFICATE OF DEATH

Town

County

Died at

Barnie

N.Y.

MARYLAND

Date

Month

Day

Age

Years

Months

Days

of death

1907 May 4

Sex

Male

Color or
Race

Colored

Birth-
place

Barnie

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Chas. Calvert

Father's
Birthplace

D.C. Co. Md.

Mother's
Maiden Name

Emma Franklin

Mother's
Birthplace

D.C. Co. Md.

Name of person giving
Information

Chas. Calvert

How related
to deceased

Father

CAUSES OF DEATH

90

Primary

Cerebral Hemorrhage

How long

3 days

Immediate

Cardiac Arrest

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

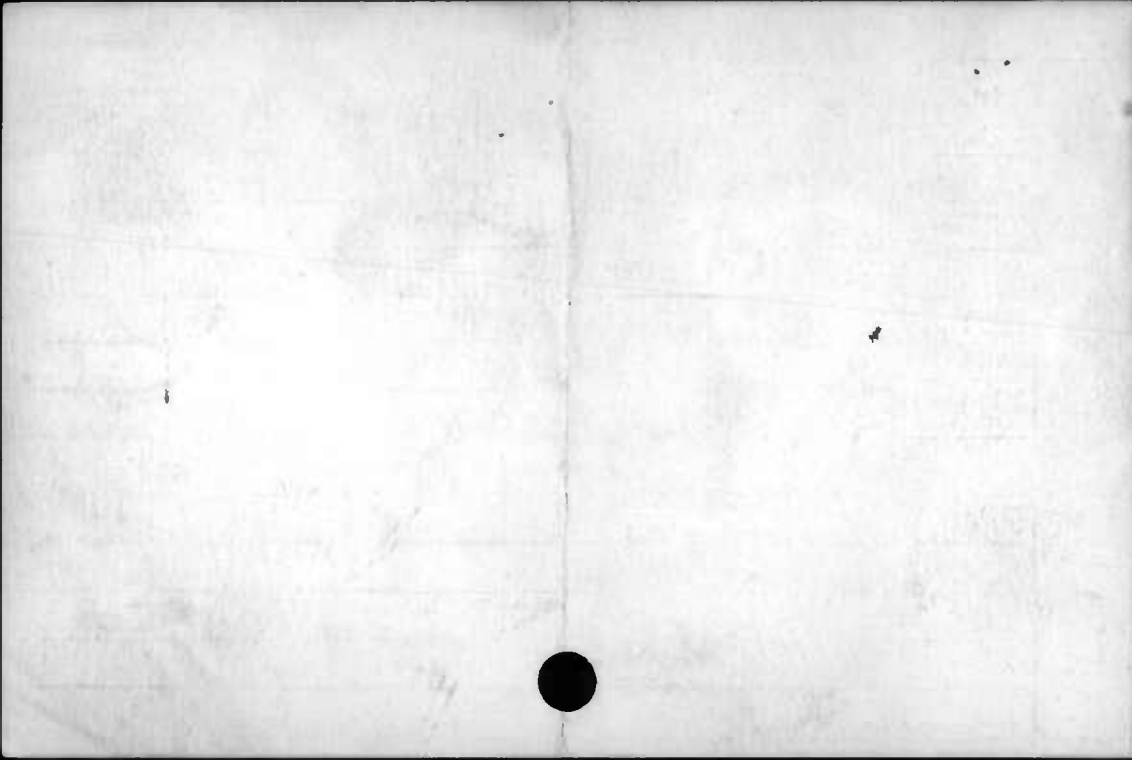
Address

J. M. D. O'Connell M.D.
Springfield, Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Richard B. B. Chew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

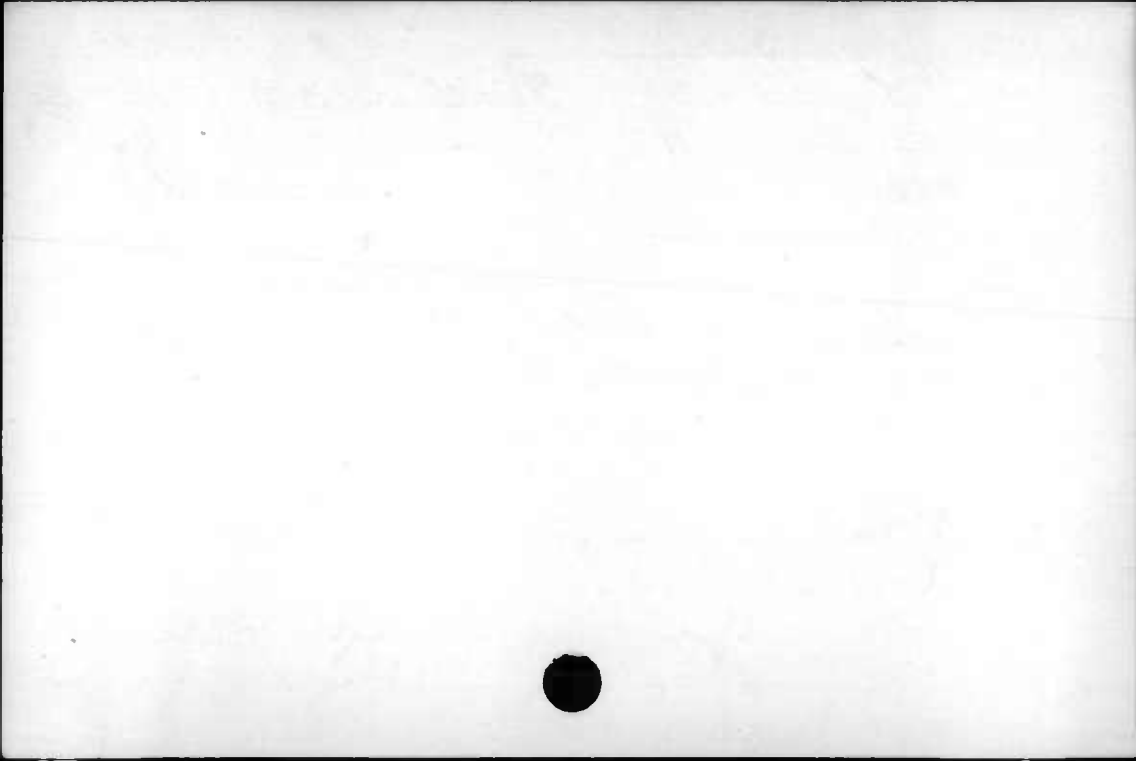
Died at ^{Town} Upper Marlboro		^{County} Prince Georges		MARYLAND	
Date of death 1907	Month 5	Day 31	Age 79	Months	Days
Sex Male	Color or Race White	Birth-place Maryland			
Occupation Ex-Judge	Where Residing just at place of death				
Married, Single or Widowed Widower	Name of Wife or Husband Louisa Dangerfield Brooks "Chew"				
Father's Name Philernon W. Chew	Father's Birthplace Maryland				
Mother's Maiden Name Anna Maria B. Brooks	Mother's Birthplace Maryland				
Name of person giving information A. M. B. Chew	How related to deceased Daughter				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Complications of Disease	How long	Several years
Immediate	Coma	How long	30 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Rev. J. L. Lasser	
		Address Upper Marlboro Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

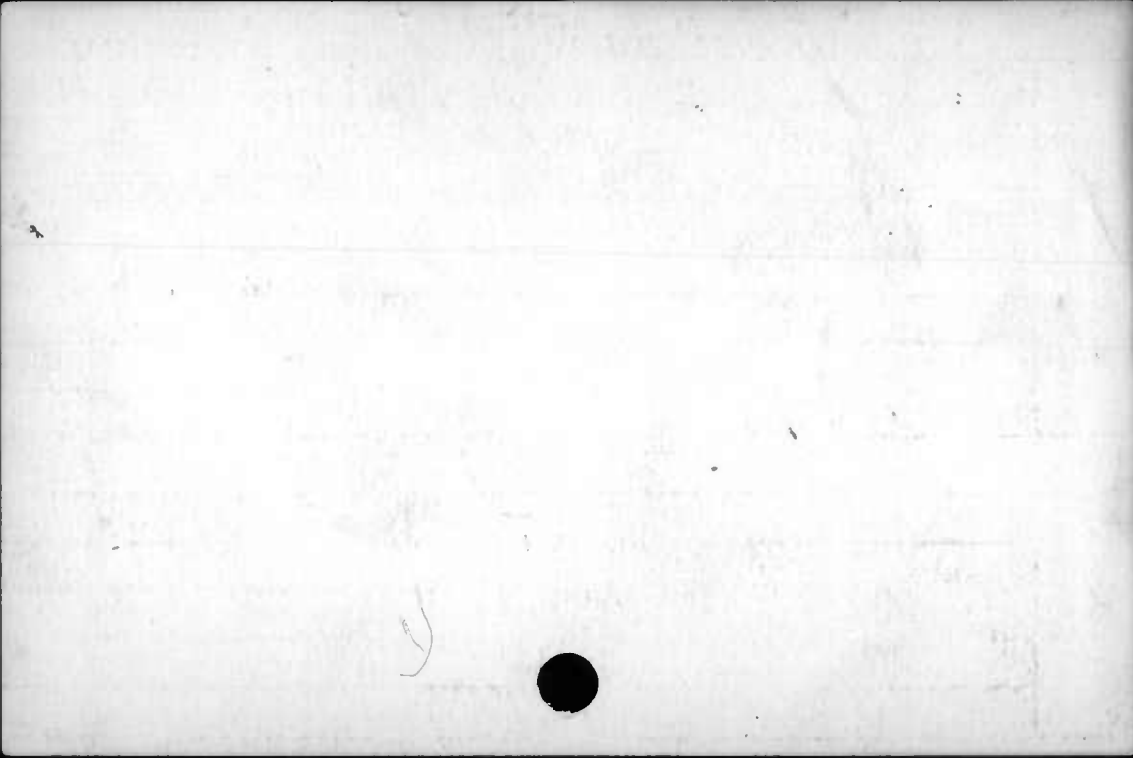
Died at <i>Hyattsville</i> ^{Town}		County <i>Prince George</i>		MARYLAND	
Date of death	190 <i>7</i> ^{Month}	<i>11</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Month}	<i>—</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>M d.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Benjamin C Clark</i>			Father's Birthplace <i>M d.</i>		
Mother's Maiden Name <i>Martha M Wilcoxen</i>			Mother's Birthplace <i>M d.</i>		
Name of person giving information <i>Benjamin C Clark</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>all life</i>
Immediate <i>Convulsions</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. S. W. Bateman</i>
	Address <i>Hyattsville Md</i>
Accident or Suicide? <i>Neither</i>	



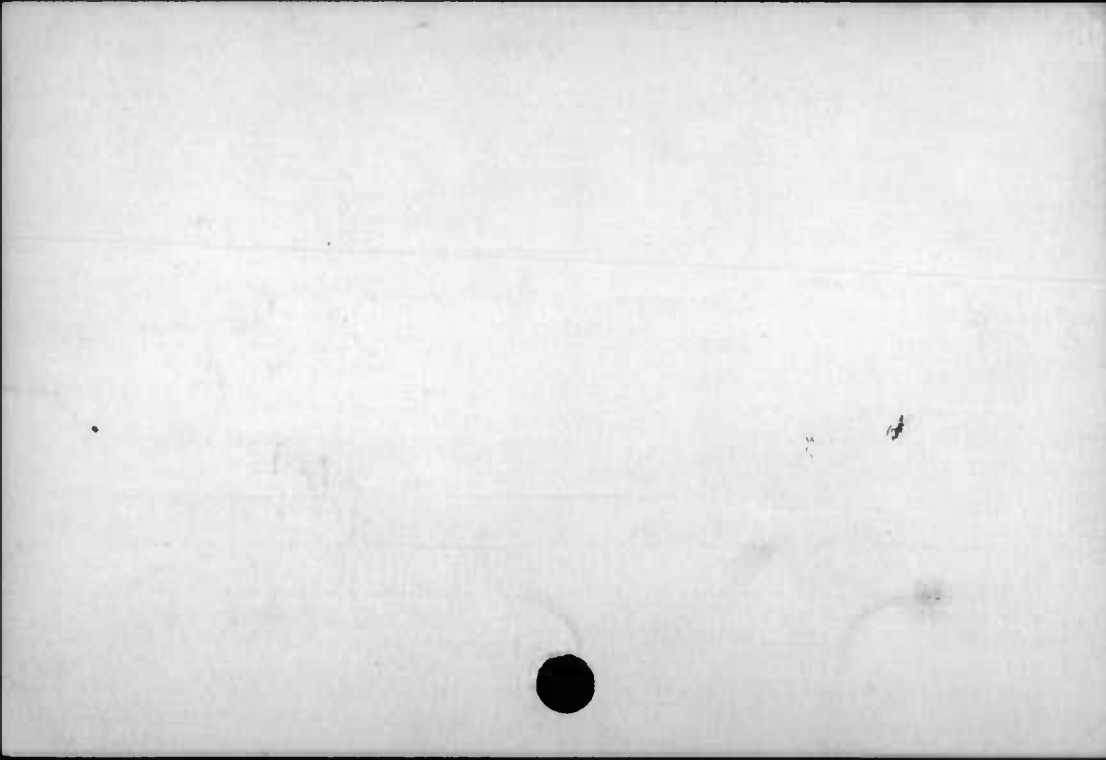
CERTIFICATE OF DEATH

Died at <i>Seat Pleasant Heights</i> ^{Town} <i>P. G. Co.</i> ^{County}		MARYLAND	
Date of death	1907	Month	May
	23	Day	53
		Years	
Sex	female	Color or Race	white
Birth-place	Maryland		
Occupation	house wife		
Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	John William Dove
Father's Name	Wilson Lyles	Father's Birthplace	Maryland
Mother's Maiden Name	Penilla Lyles	Mother's Birthplace	Maryland
Name of person giving information	John William Dove	How related to deceased	husband

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis	How long	18 months
Immediate	as thymia	How long	1 month
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. M. Brady, M.D.	
Address		Kenilworth, D.C.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

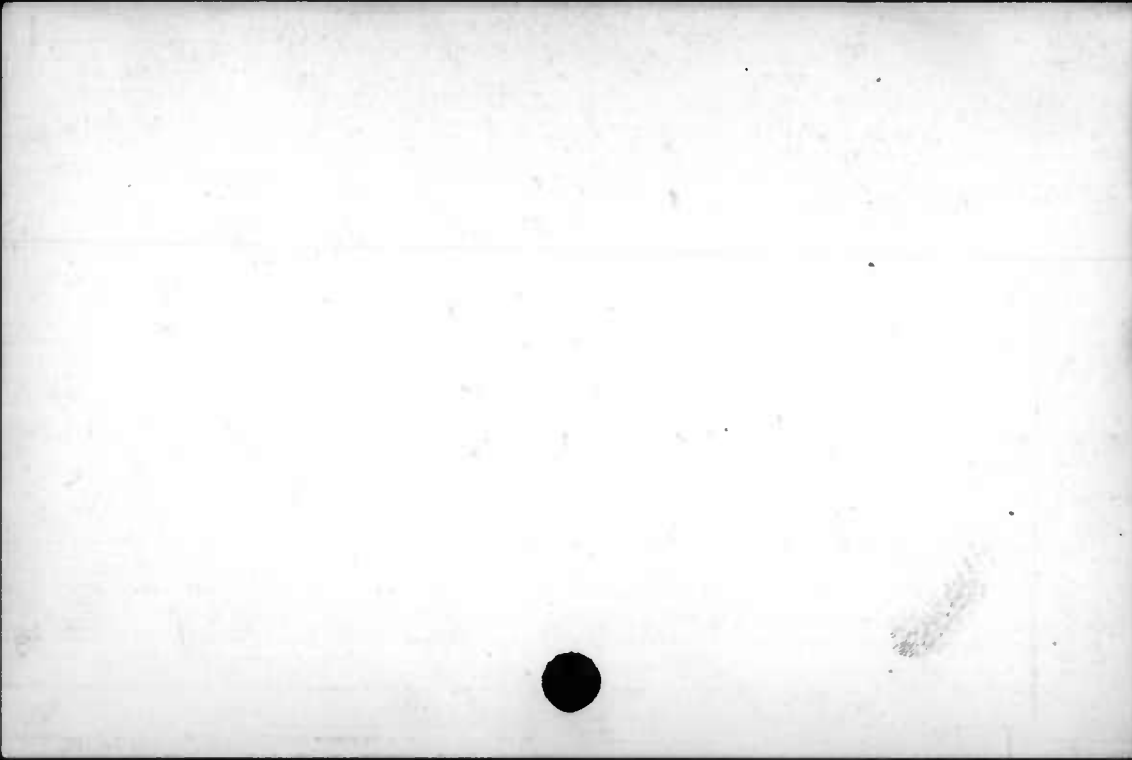
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND							
Date of death		1907	Month	May	Day	9	Age	32	Years	11	Months	20	Days
Sex		Male		Color or Race		White		Birth-place		St. Marys.			
Occupation		Dental Surgeon		Where Residing if not at place of death		Prin. Henry County							
Married, Single or Widowed		Married		Name of Wife or Husband		Helen Davis							
Father's Name		James T. Duke		Father's Birthplace		St. Marys Co. Md.							
Mother's Maiden Name		Martha A. Dent		Mother's Birthplace		" "							
Name of person giving information		J. A. Davis		How related to deceased		Brother							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	Three yrs.
Immediate	Arteriosclerosis	How long	One yrs.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. M. Ford	
Address		Aguasca	
Accident or Suicide?		No	



Name
in
Full

Susan Dungan

Dungan
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Mar Laurel*

Town

County

*Prce 30*Date of death *1907* *May*

Month

Day

14th

Age

Years

81

Months

5

Days

11

Sex

*Female*Color or
Race*White*Birth-
place*Pt.*

Occupation

*none*Where Residing if not
at place of death*Mar Laurel*Married, Single
or Widowed*yes*Name of Wife or
Husband*no*Father's
Name*Amos Dungan*Father's
Birthplace*Pt.*Mother's
Maiden Name*Mervan*Mother's
Birthplace*Pt.*Name of person giving
information*James H. Hall*How related
to deceased*Brother Law*

CAUSES OF DEATH

Primary

*Apoplexy**(64)*

How long

3 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

J. W. Dyer
Mar Laurel Md

Accident or Suicide?

Ms

6780

Est/H. Selvig

Name
in
Full

Francis Edelen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

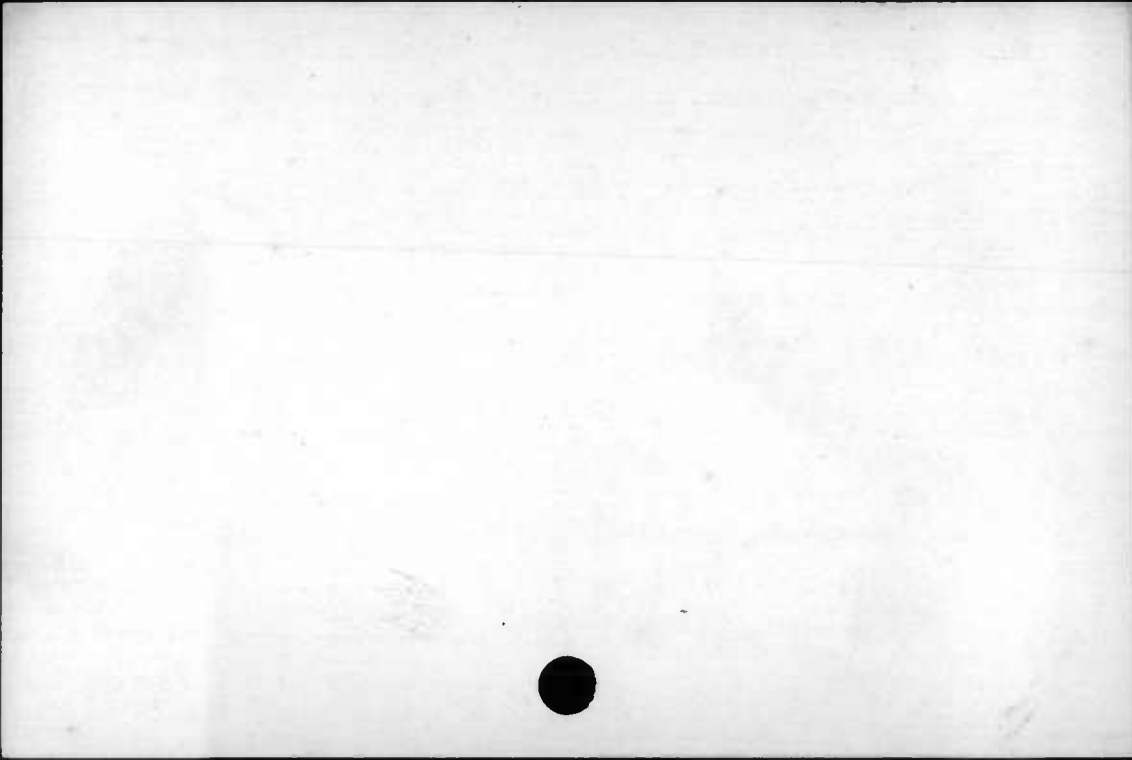
Died at <u>Allen Town</u> ^{Town}		<u>Pr Geo</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>5</u> ^{Month}	<u>7</u> ^{Day}	Age <u>1</u> ^{Years}	<u>4</u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>	Color or Race <u>colored</u>		Birth-place <u>Md.</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u></u>		
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <u></u>			
Father's Name <u>John Edelen</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Nancy Colbert</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>John Edelen Jr</u>		How related to deceased <u>Bro.</u>			

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary	<u>Cerebro Spinal Meningitis</u>	How long	<u>2 weeks</u>
Immediate	<u>Convulsion</u>	How long	<u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Geo</u>		Signature of Physician <u>E. P. Simpson, M.D.</u>	
		Address <u>E. P. SIMPSON, M. D.</u>	
		<u>ROSECROFT,</u>	
Accident or Suicide? <u></u>		PR: GEO: CO: MD: MARY BUREAU 44016	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

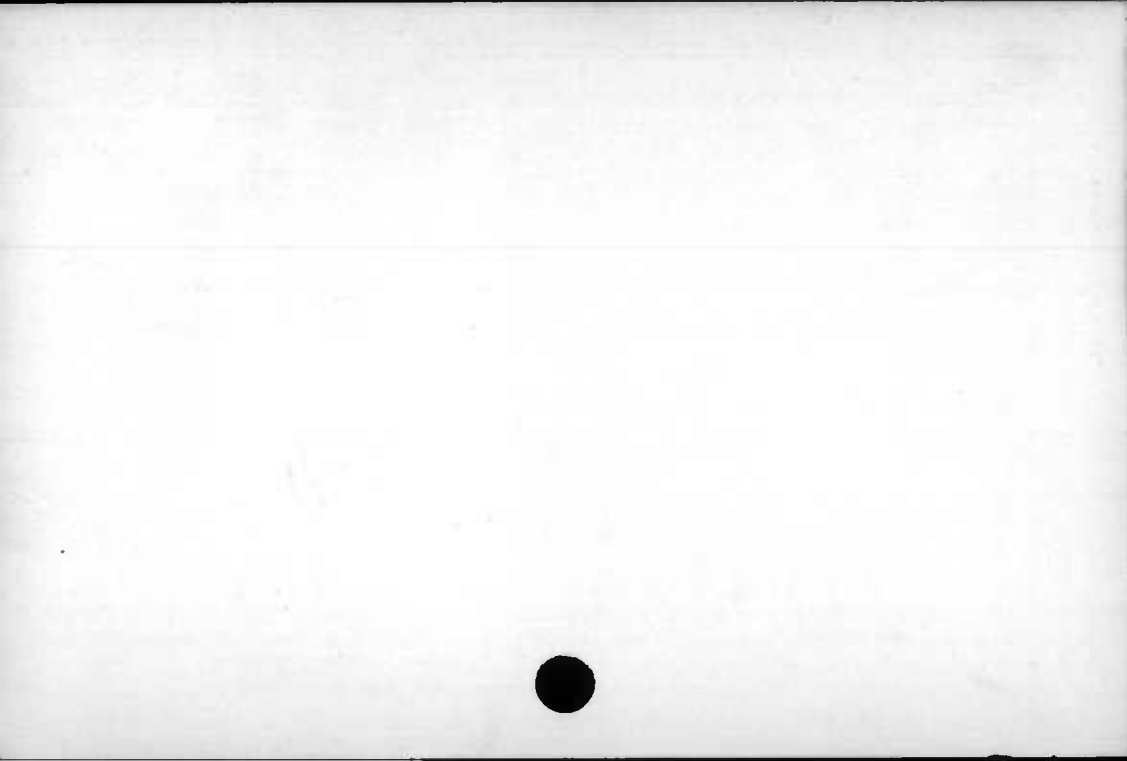
Name in Full James F. Gant				Town Cheltenham		County Or Geo		MARYLAND					
Died at		Date of death		Month May		Day 24		Years 16		Months		Days	
Sex male		Color or Race Colored		Birth- place md									
Occupation Schoolboy						Where Residing if not at place of death							
Married, Single or Widowed Single						Name of Wife or Husband							
Father's Name Unknown						Father's Birthplace							
Mother's Maiden Name Choice Gant						Mother's Birthplace md							
Name of person giving In formation Thomas Gant						How related to deceased Uncle							

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary Consumption		How long	
Immediate Asthma		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. F. Gibbons	
		Address Crown md	
Accident or Suicide?			



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name
in
Full

Ernest Harley

CERTIFICATE OF DEATH

Died at Towwichee ^{Town} P.G. ^{County}

MARYLAND

Date of death 1907 ^{Month} May ^{Day} 19 ^{Years} Age 27 ^{Months} ^{Days}

Sex Male Color or Race Colored Birth-place Ind

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Elizabeth Harley

Father's Name Henry Harley Father's Birthplace Ind

Mother's Maiden Name Ella ~~Har~~ Proctor Mother's Birthplace Ind

Name of person giving information Wm Proctor How related to deceased brother

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis ^{How long} Year

Immediate Asthma ^{How long}

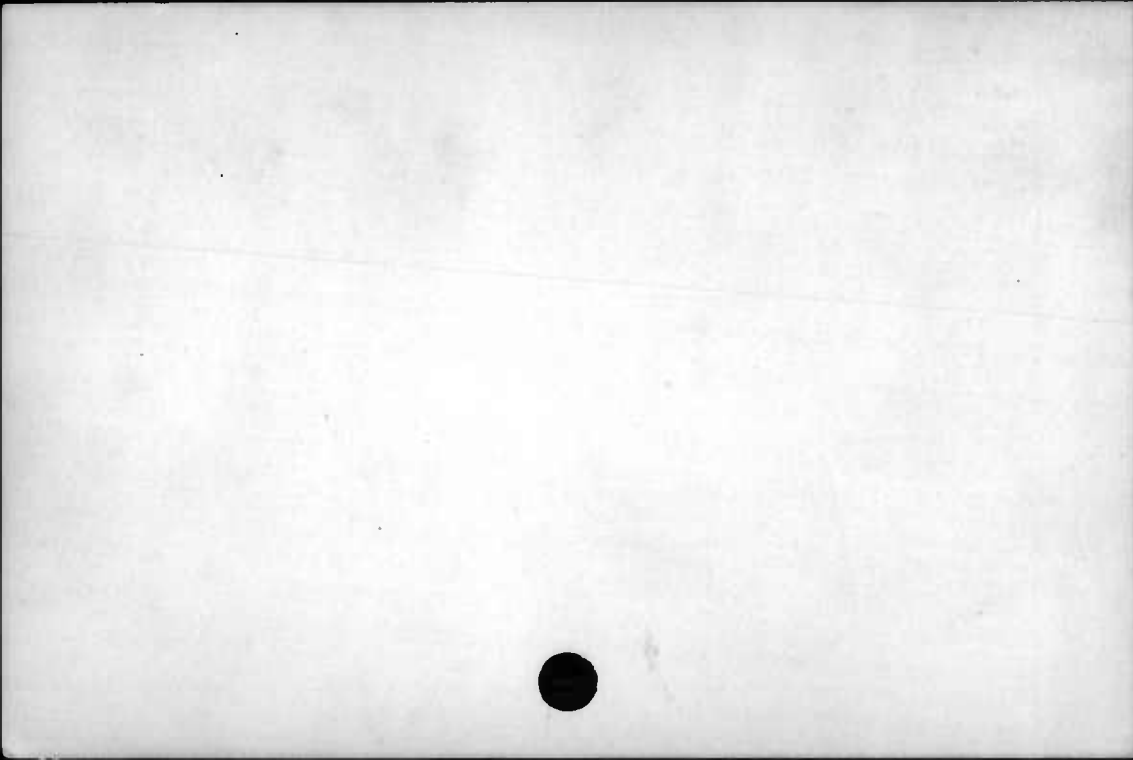
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John A. Cor

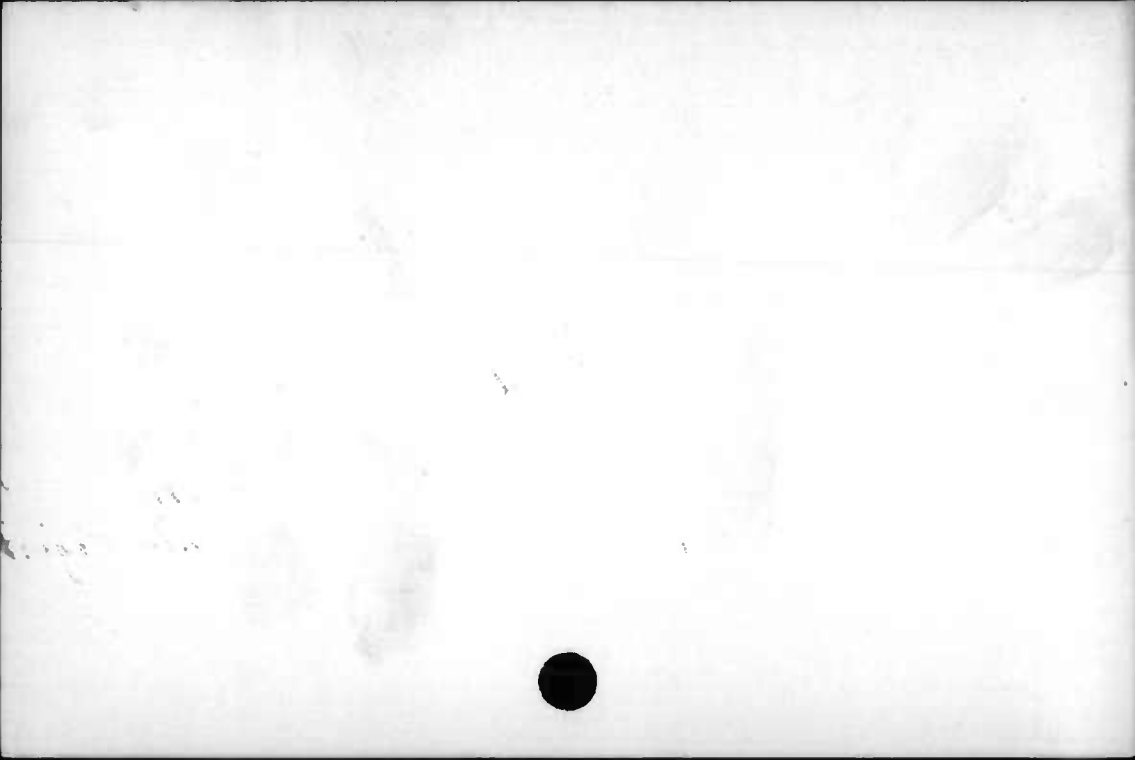
Address I.B.

Ind

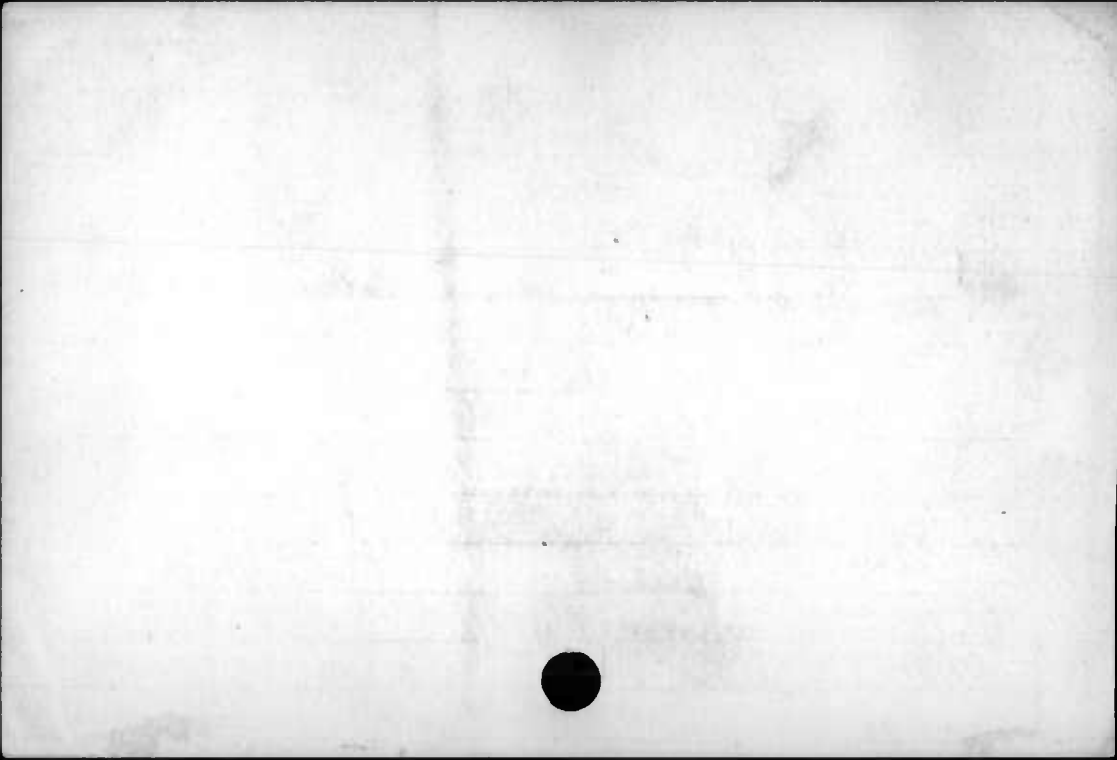
Accident or Suicide?



Name in Full William R Harley		CERTIFICATE OF DEATH	
Died at Townshend ^{Town}		P. G. ^{County}	
Date of death 1907 ^{Month} May ^{Day} 6		Age ^{Years} 7 ^{Months} 6 ^{Days}	
Sex male		Color or Race Colored	
Occupation None		Birth-place Ind	
Where Residing if not at place of death			
Married, Single or Widowed <input checked="" type="checkbox"/> Single		Name of Wife or Husband	
Father's Name Ernest Harley		Father's Birthplace Ind	
Mother's Maiden Name I da Harley		Mother's Birthplace Ind	
Name of person giving information Wm Harley		How related to deceased uncle	
CAUSES OF DEATH 27			
Primary Tuberculosis Pulmonae		How long supposed to be since birth	
Immediate Asthma		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John A. Coe	
		Address L.B.	
Accident or Suicide?		Ind	



Name In Full		Charles W. Harris				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Capital Heights		County		Prince George	
			Town				MARYLAND	
	Date of death	1907	Month	May	Day	8 th	Age	68
					Years		Months	11
							Days	21
	Sex	Male		Color or Race	White		Birth- place	Md.
TO BE ANSWERED BY NEAREST FRIEND	Occupation		Produce dealer		Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband		Mrs. Elizabeth Harris			
	Father's Name		Samuel Harris,		Father's Birthplace		Md.	
	Mother's Maiden Name		Hudson		Mother's Birthplace		Md.	
	Name of person giving In formation		H. H. Harris,		How related to deceased		son	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Nervous exhaustion & general debility			How long		Several months.
	Immediate		Cardiac failure			How long		About 3 days.
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		R. A. Schoonover,		
				Address		Benning.		
						D.C.		
Accident or Suicide?								



Name
in
Full

Glover Cleveland Harmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

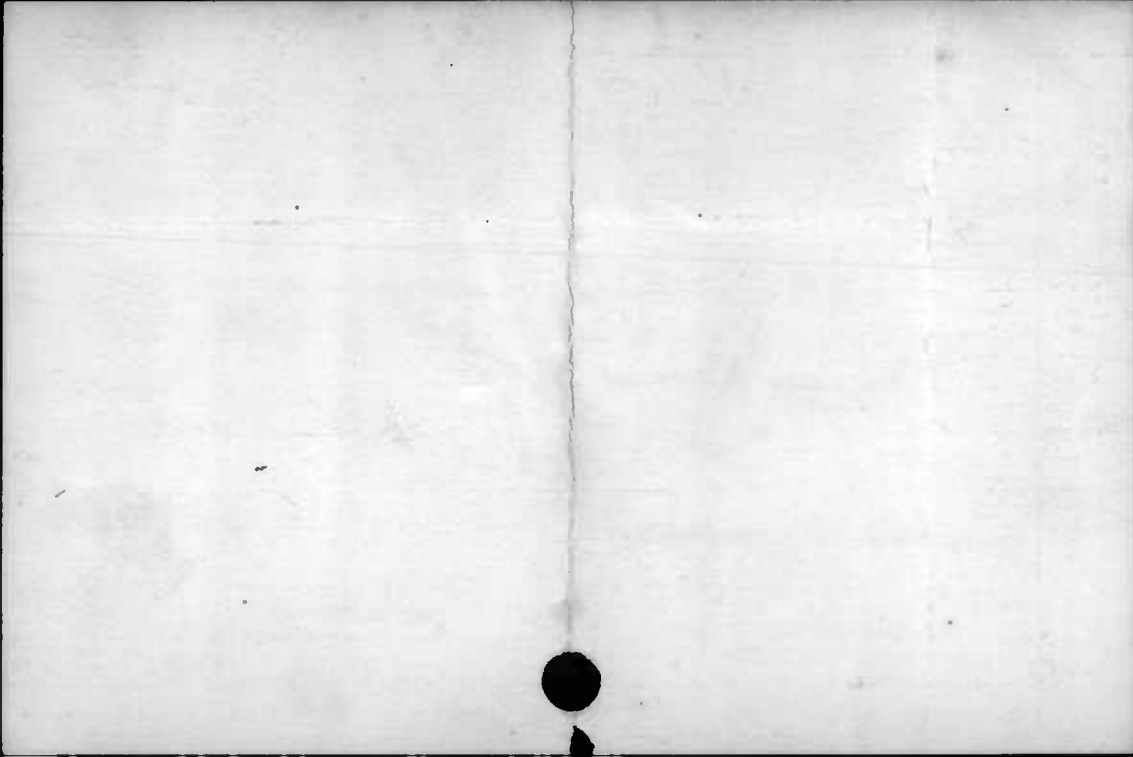
Died at <u>Buena</u>			County <u>Prince Georges</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>19</u>	Years <u>23</u>	Months	Days	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Buena Md</u>		
Occupation <u>assisted about home</u>			Where Residing if not at place of death <u>at home</u>			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name <u>George H Harmon</u>			Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Emma E Hopkins</u>			Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Robert George H Harmon</u>			How related to deceased <u>Brother</u>			

CAUSES OF DEATH

(69)

PHYSICIAN
OR CORONER

Primary <u>Epilepsy</u>	How long <u>several years</u>
Immediate <u>Overdoses</u>	How long <u>3 or 4 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. A. Fox</u>
<u>Yes</u>	Address <u>Buena Md</u>
Accident or Suicide?	



Name
in
Full

Laura Hebron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laural</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death	190 <i>7</i>	Month <i>6</i>	Day <i>6</i>	Age <i>24</i>	Years <i>24</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Murkirk</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Buy. Hebron</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Maggie Hammond</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Thor Green</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

How long

How long

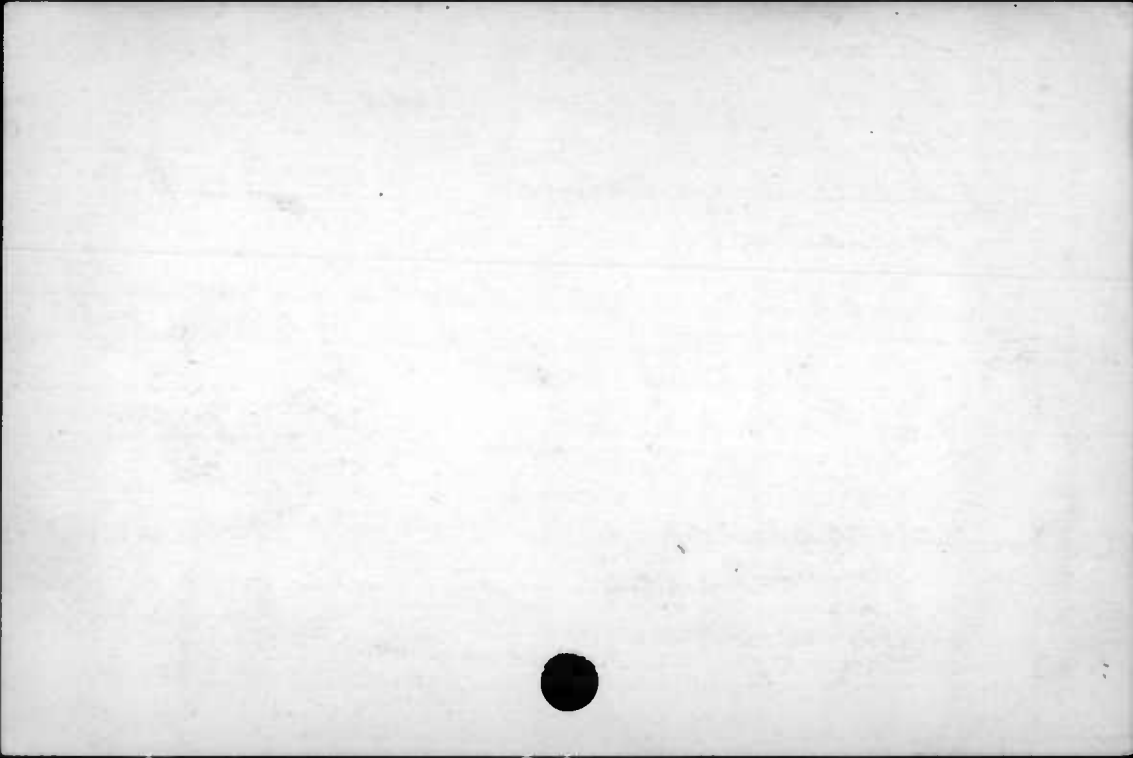
PHYSICIAN
OR CORONERPrimary *Lobar Pneumonia*Immediate *Asthenia*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mary H. Jackson

CERTIFICATE OF DEATH

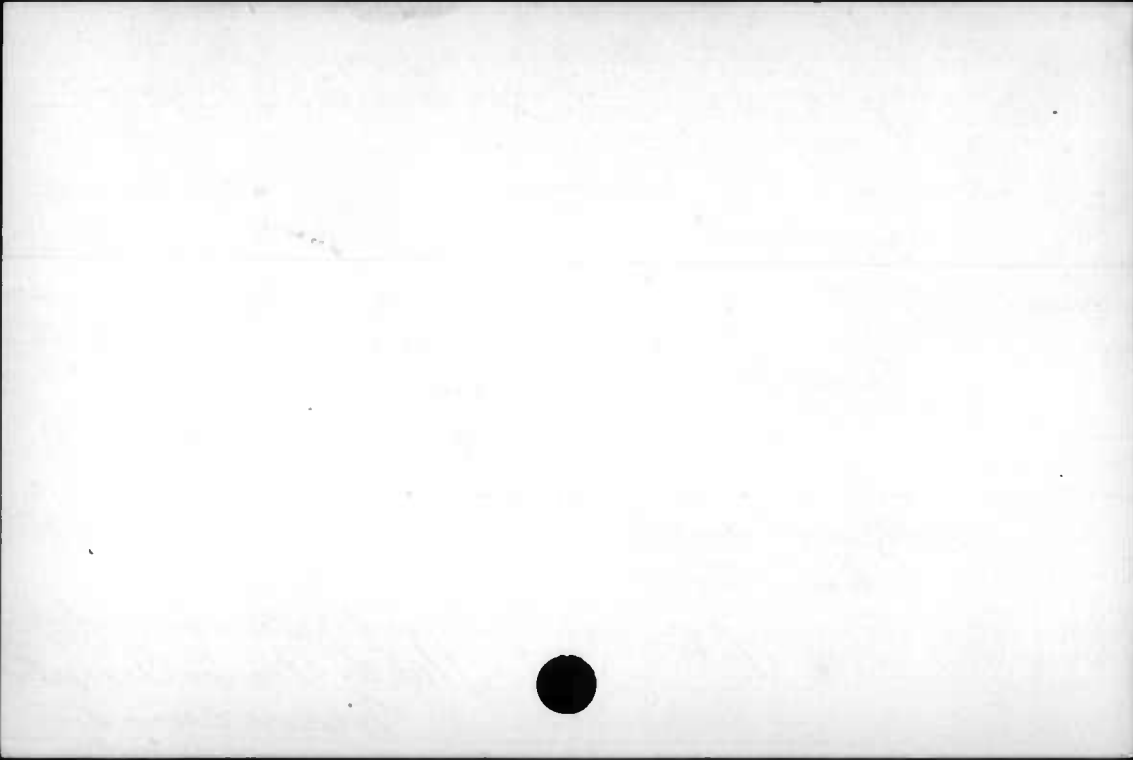
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Georgetown</i> Town		<i>Pr Geo.</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>May</i>	Day	<i>1</i>
Age		<i>74</i>	Years	Months	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Ta</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Geo. H. Jackson</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Nephew</i>		How related to deceased	<i>Nephew</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	(27)	How long	<i>several months</i>
Immediate	<i>Hemorrhages</i>		How long	<i>a week</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	
			<i>E. L. Hurst, M.D.</i>	
			Address	
			<i>Procataway</i>	
			<i>Dnt</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

Died at <i>Iceland</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>May</i>		Day <i>20th</i>	Years <i>22</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth place <i>P. G. Co. Maryland</i>		
Occupation <i>House work</i>	Where Residing if not at place of death <i>Philadelphia Pa.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Williams Jenkins</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Elizabeth Sembley</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Mary Eaton</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

27

Primary *Tuberculosis*

Immediate *Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

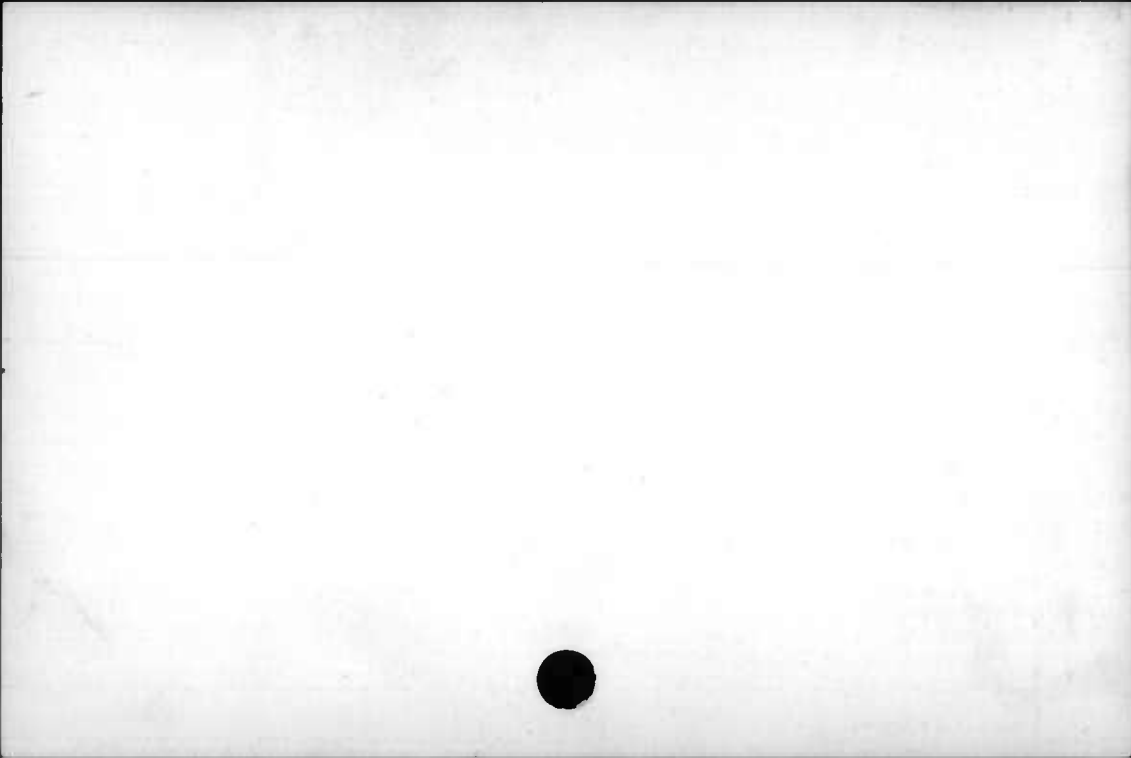
Henry J. Hubert M.D.

Hicks Prince Georges

Maryland.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Eliza Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

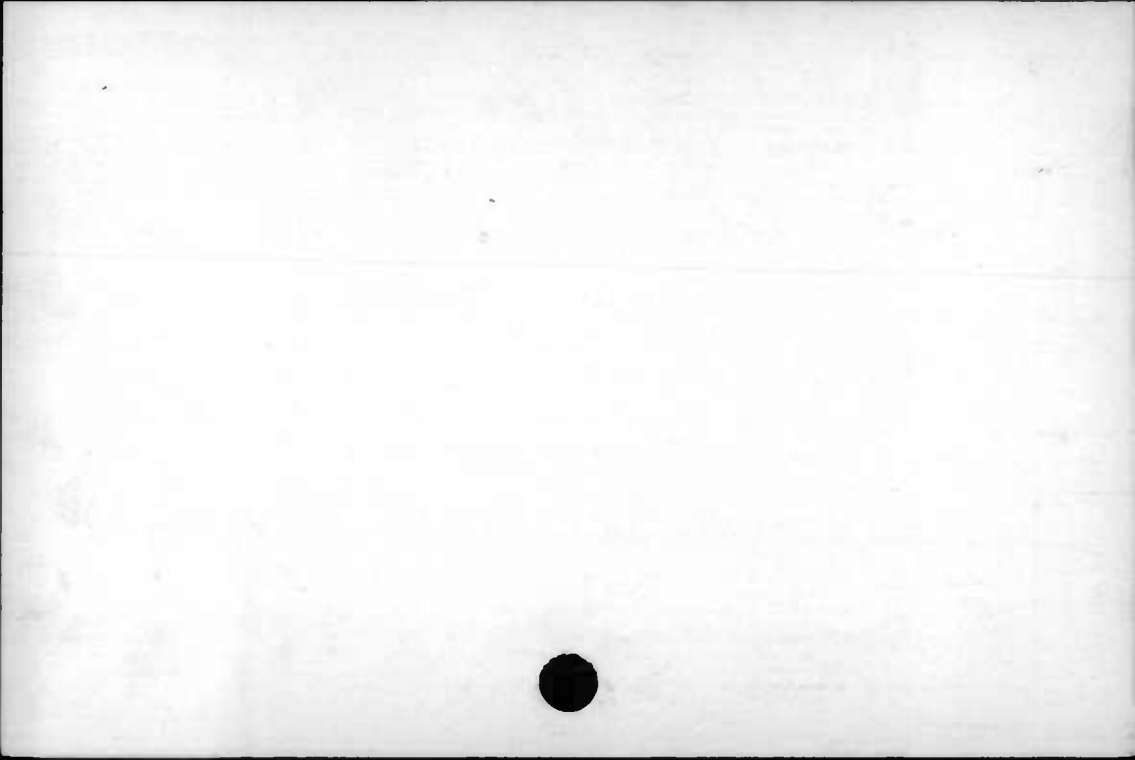
Died at <i>Fit Foot</i> ^{Town}		<i>Prince Geo</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>May</i>	Day	<i>1</i>
Age		<i>55</i>		Months	
Sex	<i>female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Maryland</i>
Occupation	<i>House work</i>		Where Residing if not at place of death <i>Fit Foot Md</i>		
Married, Single or Widowed			Name of Wife or Husband <i>John Lewis</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace <i>Md</i>		
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace <i>Md</i>		
Name of person giving information	<i>Winfield Lewis</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

(164)

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>1 week</i>
Immediate	<i>Asthemia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Parker M.D.</i>	
		Address <i>Congress Heights D.C.</i>	
Accident or Suicide?			



Name
in
Full

Grau A Lavallee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

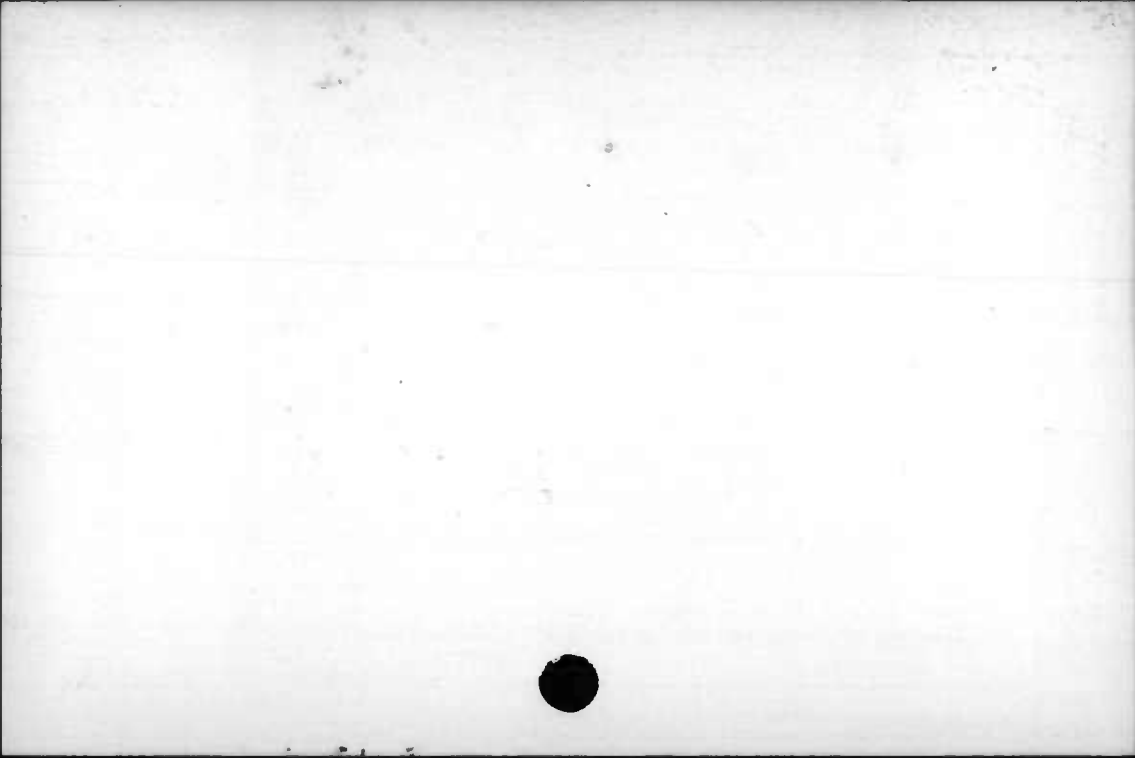
Died at		Town <i>Laurel</i>		County <i>Prince Geo</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		5	5	20			
Sex	<i>female</i>		Color or Race	<i>white</i>		Birth-place	<i>Ind</i>
Occupation	<i>mill operator</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Richard Lavallee</i>					Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Rose Beall</i>					Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Kati Lavallee</i>					How related to deceased	<i>Sister</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Anemia</i>	How long	<i>a few days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>W F Taylor</i>
<i>Yes</i>		Address	<i>Laurel Ind</i>
Accident or Suicide? <input type="checkbox"/>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

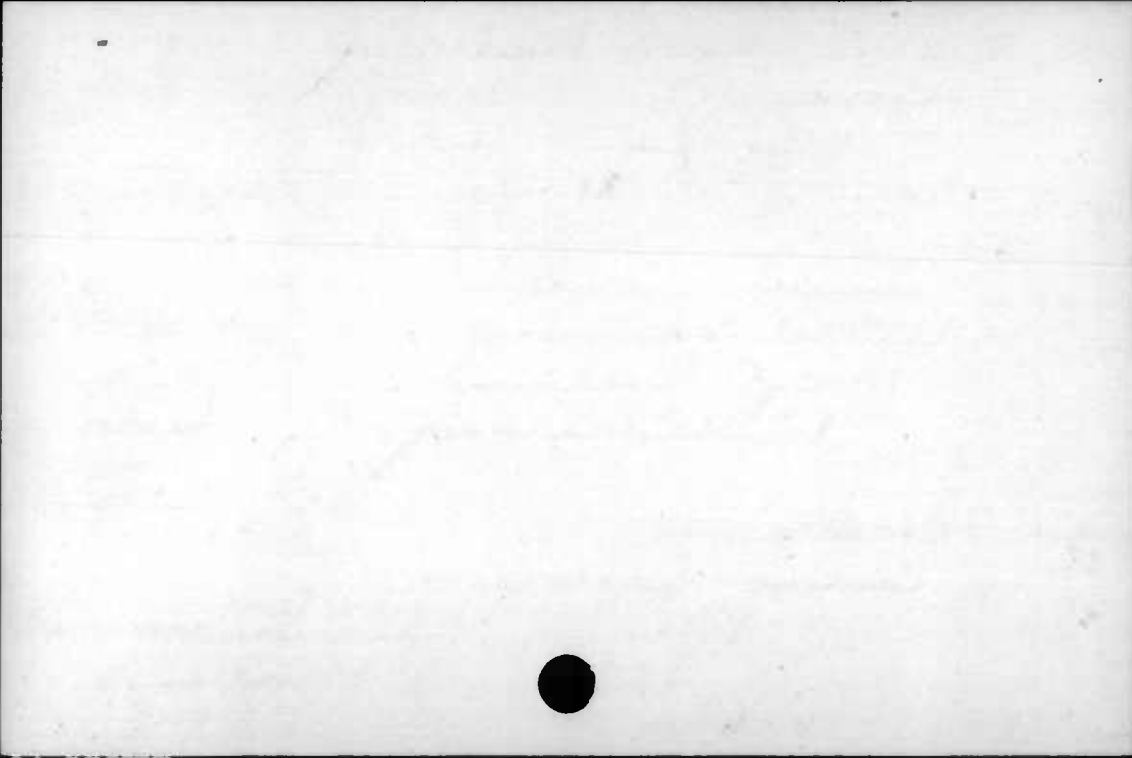
Name John A. McConkey		Town New Glitz		County Polk Co.		MAYLAND	
Died at		Date of death		Age		Months Days	
1907		5 th 24		55		—	
Sex male		Color or Race White		Birth- place N. Y.			
Occupation Farmer		Where Residing if not at place of death at home					
Married, Single Widowed		Name of Wife or Husband Unknown					
Father's Name Unknown		Father's Birthplace Unobtainable					
Mother's Maiden Name —		Mother's Birthplace Unobtainable					
Name of person giving In formation James Monroe		How related to deceased Neighbor					

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary	Jacobs Ulcer	How long	10 yrs
Immediate	Hemorrhage Exhaustion	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. J. Simpson	
yes		Address Rosecroft Md.	
Accident or Suicide?			



Name
in
Full

David Reed Maloney

CERTIFICATE OF DEATH

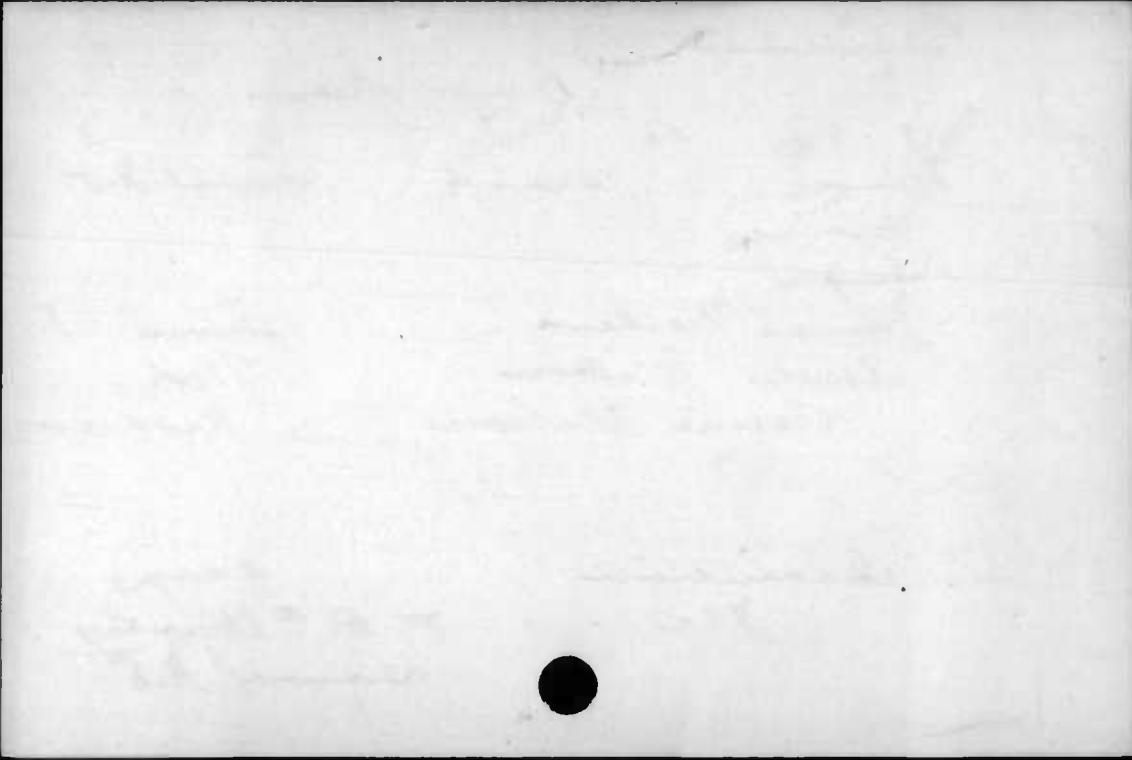
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hyattsville</u> Town		<u>Pc Dco</u> County		MARYLAND	
Date of death <u>1907</u> Month <u>May</u>		Day <u>2</u>	Years <u>2</u>	Months <u>9</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Hyattsville Md</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm W. Maloney</u>			Father's Birthplace <u>D.C.</u>		
Mother's Maiden Name <u>Mary Weedman</u>			Mother's Birthplace <u>D.C.</u>		
Name of person giving information <u>Wm W Maloney</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Convulsions</u>	How long <u>12 hrs</u>
Immediate <u>Cardiac failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. J. H. Maloney</u>
	Address <u>Hyattsville</u>
Accident or Suicide? <u>Neither</u>	<u>Ma</u>



Name
in
Full

CERTIFICATE OF DEATH

Name

Mathews

County

MARYLAND

Died at

Lanham
TownPrince George
County

Date

1907

Month

May

Day

22

Years

Age

Months

Days

3

Sex

Female

Color or
Race

Black

Birth-
place

Lanham Md

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James Mathews

Father's
Birthplace

Lanham Md.

Mother's
Maiden Name

Annie Wilson

Mother's
Birthplace

Md.

Name of person giving
Information

Annie Wilson

How related
to deceased

Mother

CAUSES OF DEATH

151

Primary

How long

Immediate

Strain

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

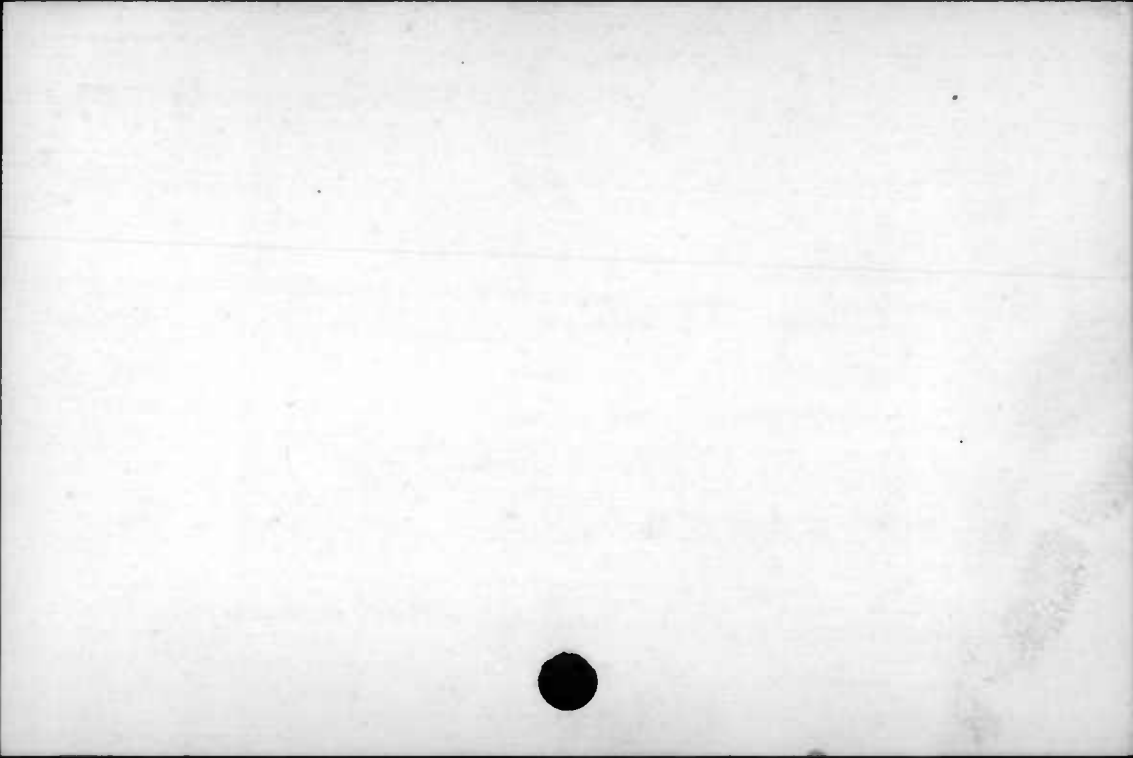
J. R. C. Harley

Address

Lanham Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



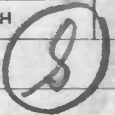
Name
in
Full

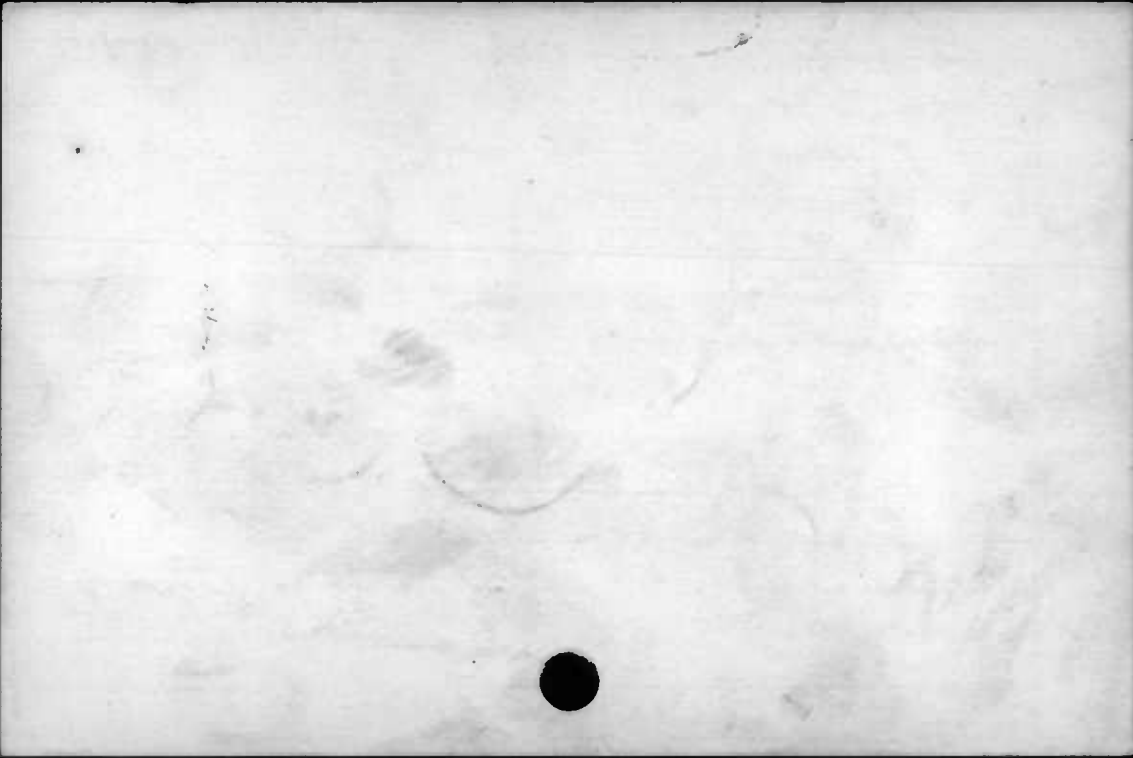
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurel</i> <small>Town</small>		<i>Mathews</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>5</i>	Day <i>4</i>	Age <i>Years</i>	Months	Days
Sex <i>male</i>	Color or Race <i>Negro</i>		Birth-place <i>Samuel, Mo</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single,</i>		Name of Wife or Husband			
Father's Name <i>George Mathews</i>			Father's Birthplace <i>Samuel Mo</i>		
Mother's Maiden Name <i>Sanna Hebron</i>			Mother's Birthplace <i>Markirk Mo</i>		
Name of person giving information <i>Sanna Hebron</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Still Born</i>		How long	
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D R Coffey</i>	
			Address <i>Samuel Mo</i>	
Accident or Suicide?				



Name
in
Full

Elizabeth - Meador

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

of death

1907

Month

May

Day

5

Age

Years

66

Months

-

Days

-

Sex

Female

Color or
Race

Colored

Birth-
place

Orme Ind

Occupation

Housewife

Where Residing if not
at place of death

-

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Unmarried

Father's
Name

Judson Taylor

Father's
Birthplace

Ind

Mother's
Meiden Name

Nellie Berman

Mother's
Birthplace

Ind

Name of person giving
In formation

Embury Gray

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Cancer

How long

7 yrs

Immediate

Cachexia

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

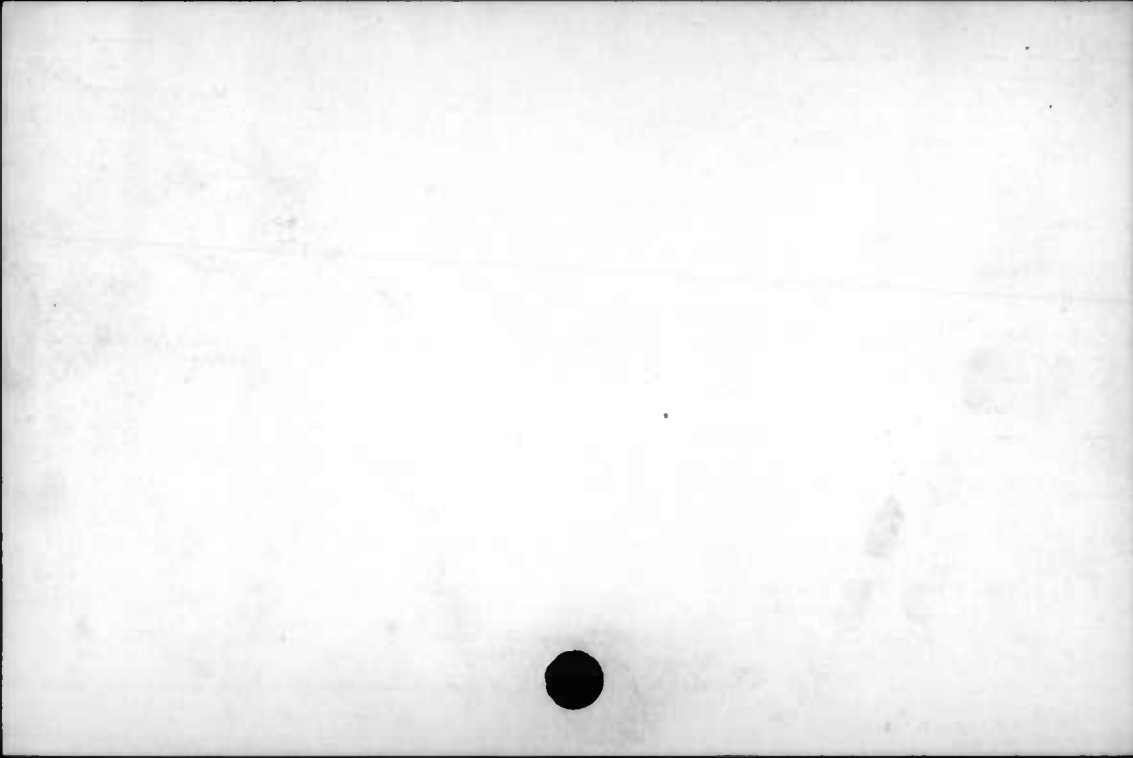
Yes

Signature of
Physician

Address

Horton B. Brown
Orme Ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

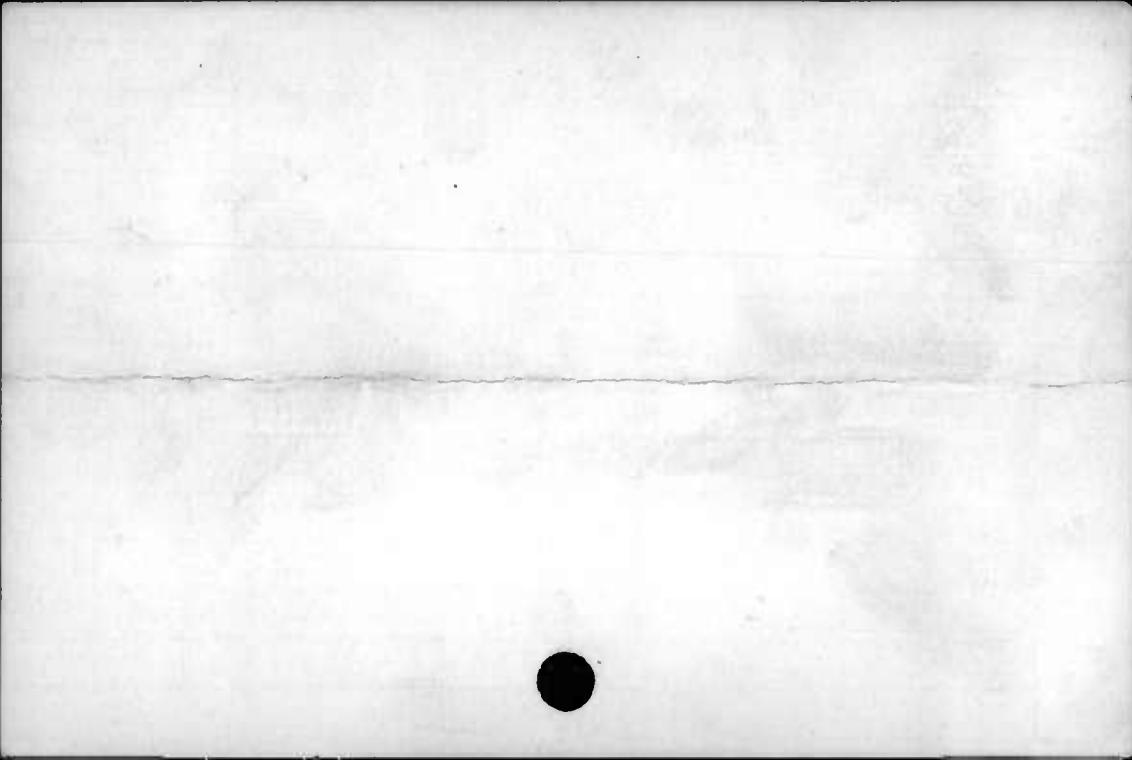
Died at <i>Springfield</i>		Town		County <i>Prince George</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>22</i>		Age <i>1-4</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Co. Md.</i>		Months <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>		Father's Birthplace <i>Cal. Co. Ind.</i>		Mother's Birthplace <i>Pg. Co. Md.</i>	
Father's Name <i>Mr. J. Mullikin</i>		Mother's Maiden Name <i>J. W. Carroll</i>		How related to deceased <i>Wife</i>			
Name of person giving information <i>Mr. Mullikin</i>							

CAUSES OF DEATH

(20)

PHYSICIAN
OR CORONER

Primary <i>Septicemia</i>	How long <i>Three months</i>
Immediate <i>Cardiac Arteriosclerosis</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Mr. M. Carroll M.D.</i>
	Address <i>Springfield Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Laurel</u> Town		<u>P. H. Gro</u> County		MARYLAND	
Date of death	<u>1907</u> Month	<u>May</u> Day	Age	<u>19</u> Years	<u>8</u> Months
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth place	<u>Laurel</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband	<u>None</u>	
Father's Name	<u>Clarence Murphy</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Blauche Merton</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>Clarence Murphy</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Accidental Death</u>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J. R. H. Smith</u>
<u>Yes</u>		Address	<u>Laurel Ind</u>
Accident or Suicide?			



Name
in
Full

Mary Emma Pottinger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

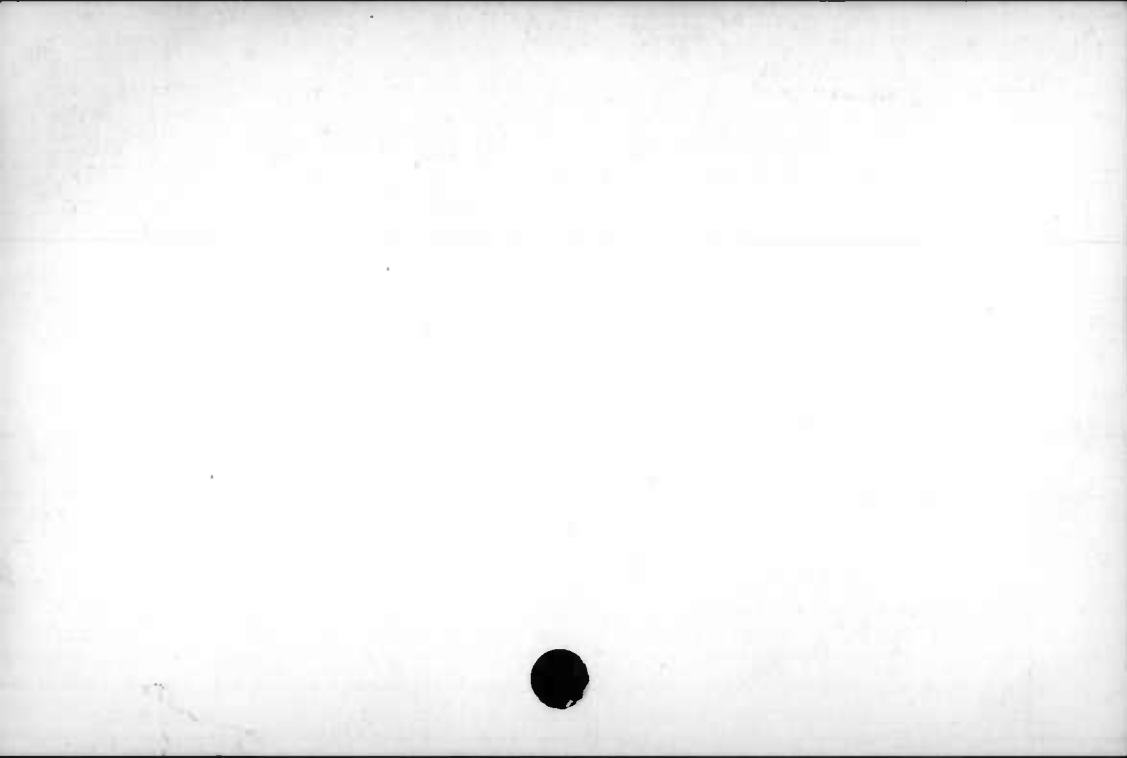
Died at <i>Shoodmore</i> Town		<i>Prince George</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>Fourth</i>	Age <i>16</i> Years	Months	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Larve, P. G. Co. Md.</i>		
Occupation <i>House work</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>John H. Pottinger</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Mary J. Smith</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>John H. Pottinger</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis (both lungs)</i>	How long <i>Since Feb. 1907</i>
Immediate <i>Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. J. Hinton M. D.</i>
	Address <i>Hael. P. G. Co. Maryland</i>
Accident or Suicide?	



Name
in
Full

Robert Proctor

CERTIFICATE OF DEATH

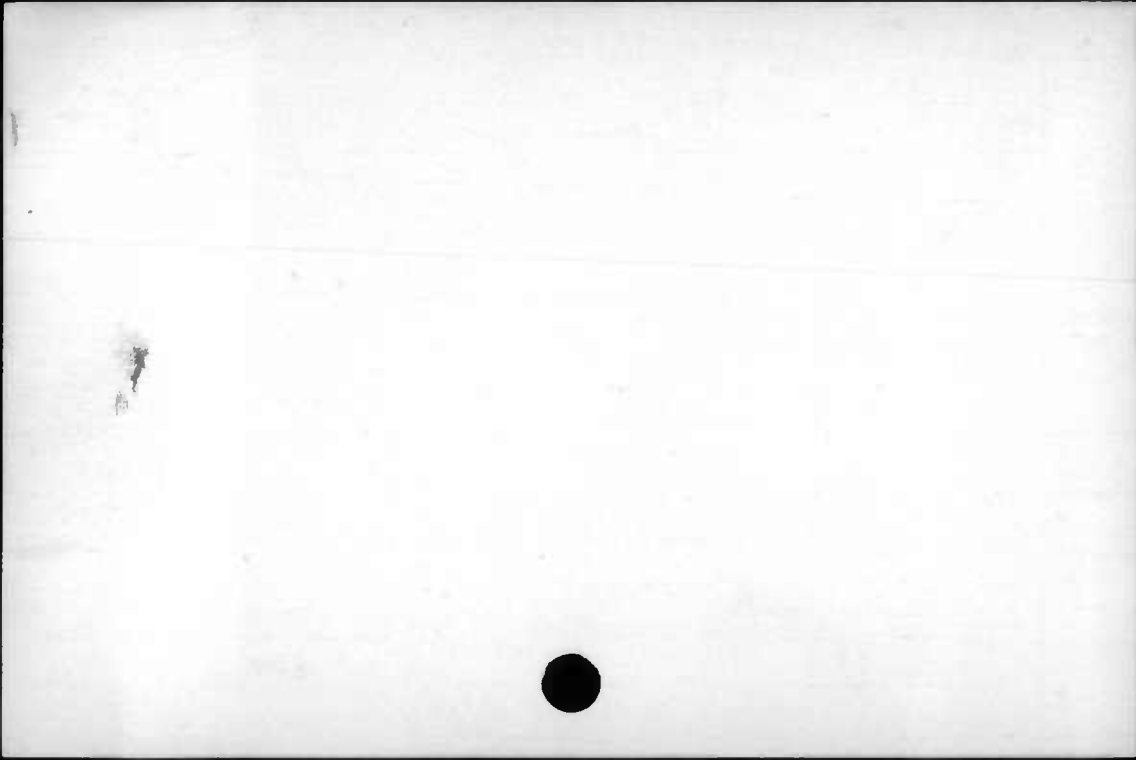
Died at		Cedarville		P.G.		County		MARYLAND	
Date of death		1907		May		6		Day	
Sex		Male		Color or Race		Colored		Birth-place	
Occupation		School boy		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband					
Father's Name		Marcellus Proctor		Father's Birthplace		Ind			
Mother's Maiden Name		Gda Proctor		Mother's Birthplace		Ind			
Name of person giving information		James E Proctor		How related to deceased		Cousin			

CAUSES OF DEATH

27

Primary	Pulmonary Tuberculosis	How long	about 6 m
Immediate	Asthma	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		John A. Coe	
Address		213.	
Accident or Suicide?		Ind	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

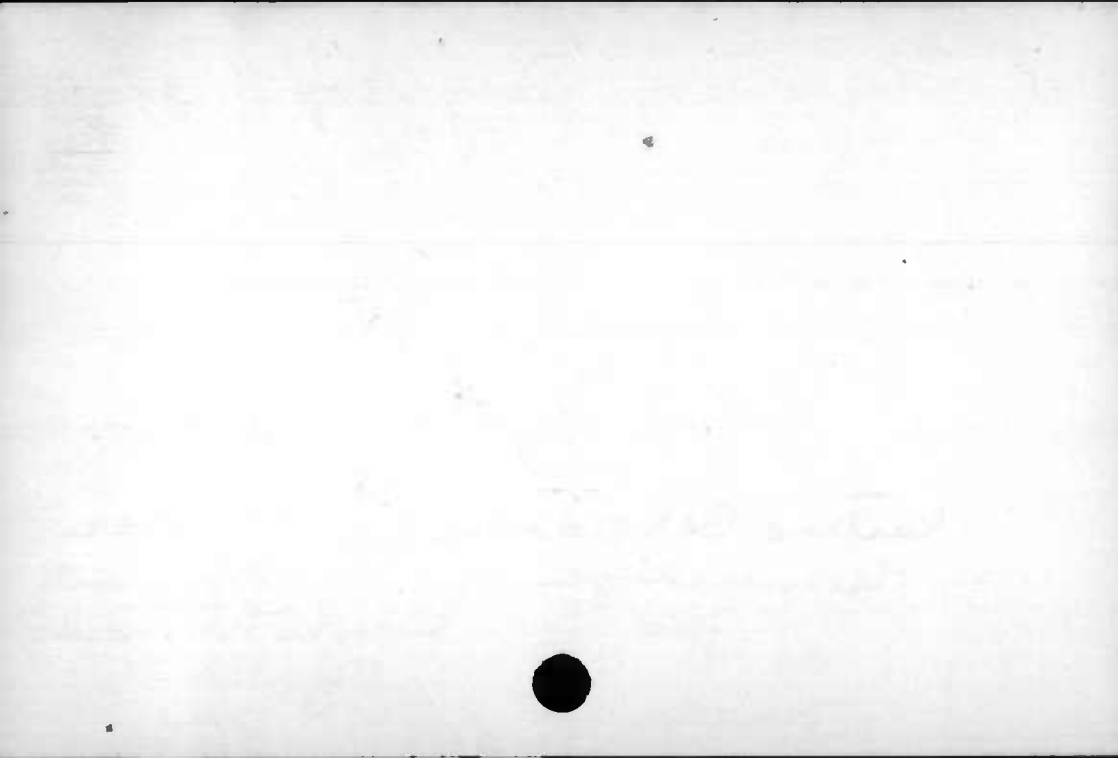
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lakeland</i> ^{Town}		<i>P. H.</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>May</i> ^{Day} <i>14</i> - ^{Age} <i>X</i> ^{Years}		^{Months} <i>5</i> ^{Days} <i>24</i>			
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Lakeland</i>	
Occupation <i>None</i>		Where Residing if not at place of death			
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>See Randall</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Chia Douglas Randall</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>See Randall</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Since birth</i>
Immediate <i>Weakness</i>	How long <i>3 mos</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. B. Johnstone</i>
	Address <i>Berwyn Ma</i>
Accident or Suicide?	



Name
in
Full

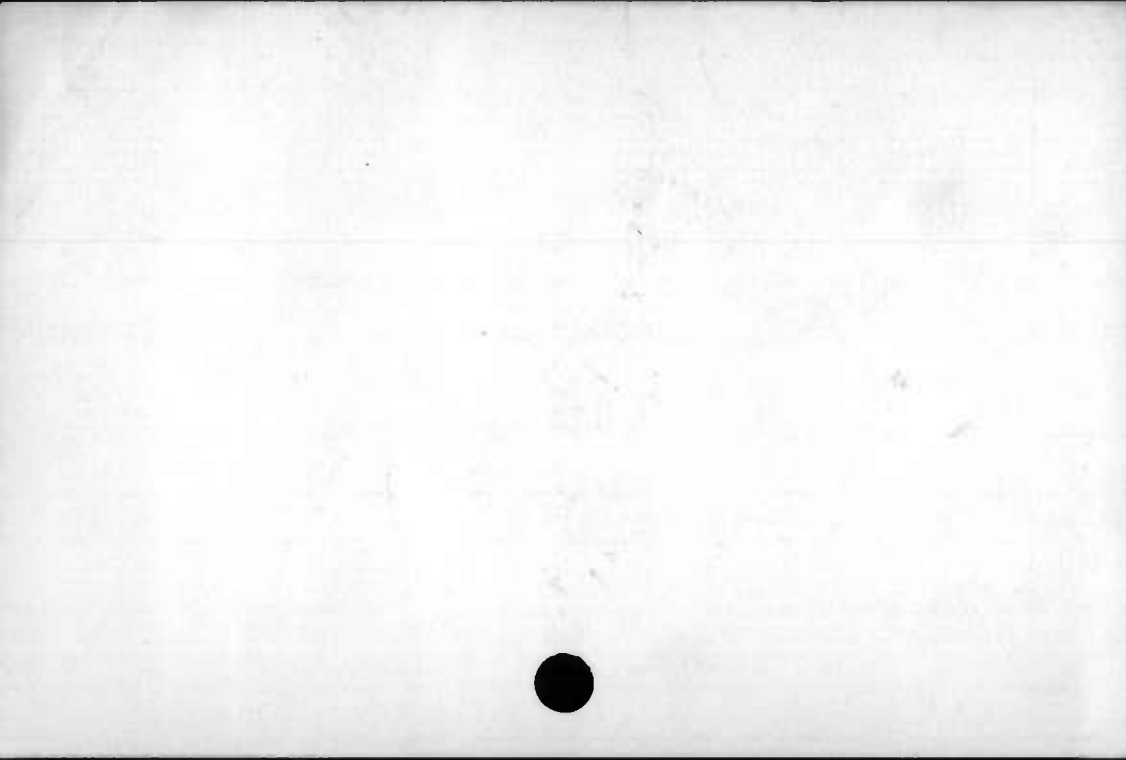
Julia Duval Rianhard.

CERTIFICATE OF DEATH

Died at		Town		County		State	
Hyattsville		Prince George's		Maryland			
Date of death	Month	Day	Age	Years	Months	Days	
1907	May	20	57	6	5		
Sex	Color or Race		Birth-place				
Female	white		Cincinnati, O.				
Occupation	Where Residing if not at place of death						
Clerk in Garment Service							
Married, Single or Widowed	Name of Wife or Husband						
Widow	Jos L. Rianhard						
Father's Name	Father's Birthplace						
Levi's Duval	Phila. Pa						
Mother's Maiden Name	Mother's Birthplace						
Adeline Peacock	" "						
Name of person giving information	How related to deceased						
Julia D. Rianhard	Daughter						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Gastric Carcinoma	How long	1 year
	Immediate	Haemorrhage	How long	Immediate
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		Seymour Katermerus	
Address		Hyattsville		
Accident or Suicide?		neither		



Name
in
Full

Hettie A. Roades

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

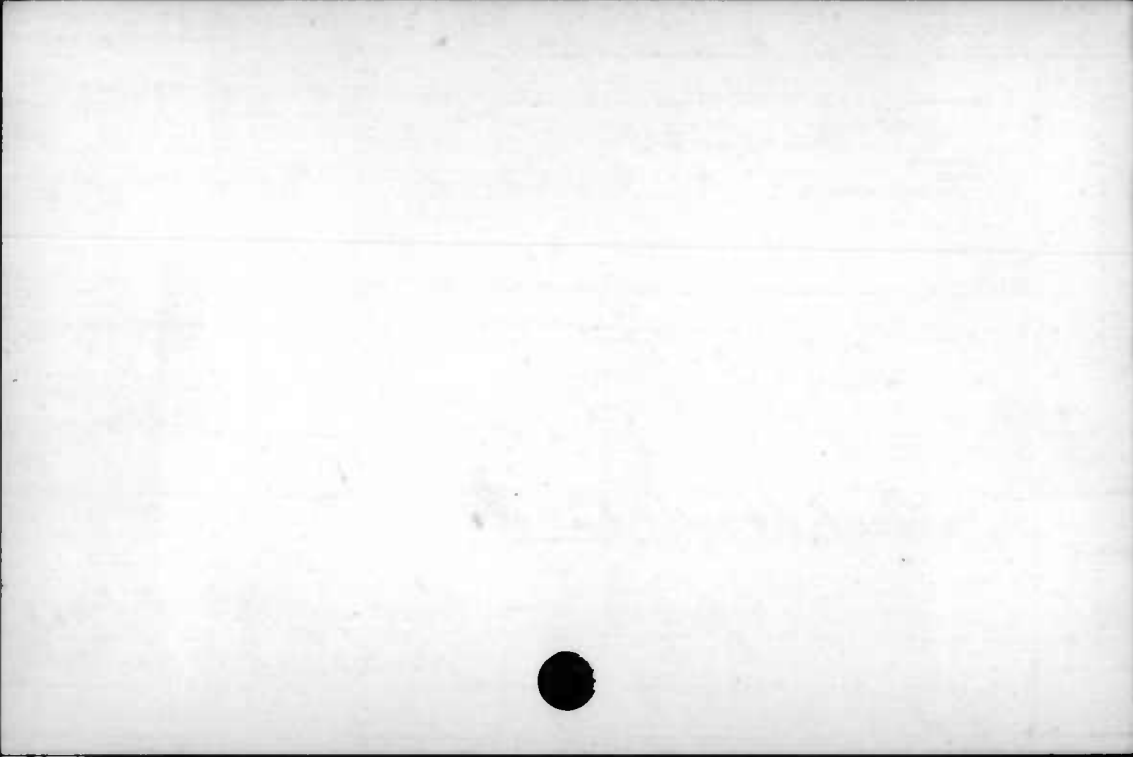
Died at		Town Bowie		County Prince George		MARYLAND	
Date of death	1907	Month May	Day 27	Age 56	Years 3	Months 14	Days 14
Sex	Female		Color or Race	White		Birth- place	Pennsylvania
Occupation	House wife			Where Residing at not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Rev. J. E. Roades			
Father's Name	Don't know					Father's Birthplace	
Mother's Maiden Name	"					Mother's Birthplace	
Name of person giving In formation	Mr. J. H. Reading					How related to deceased	Son-in-law

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Interstitial nephritis		How long	3 years.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
Accident or Suicide?		No	Nelson A. Ryan M.D. Bowie	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still born Savoyd

Town *Ireland* County *P. S.*

Died at *Ireland*

Month *May* Day *29th* Years *0* Months *0* Days *0*

Date of death *1907*

Sex *Female* Color or Race *Colored* Birth-place *Ireland*

Occupation *None* Where Residing if not at place of death

~~Married~~ Single or Widowed Name of Wife or Husband

Father's Name *John Thomas Savoyd* Father's Birthplace *Maryland*

Mother's Maiden Name *Sarah A. Henry* Mother's Birthplace *"*

Name of person giving information *John T. Savoyd* How related to deceased *Father*

CAUSES OF DEATH

(8)

PHYSICIAN
OR CORONER

Primary *Still born child* How long

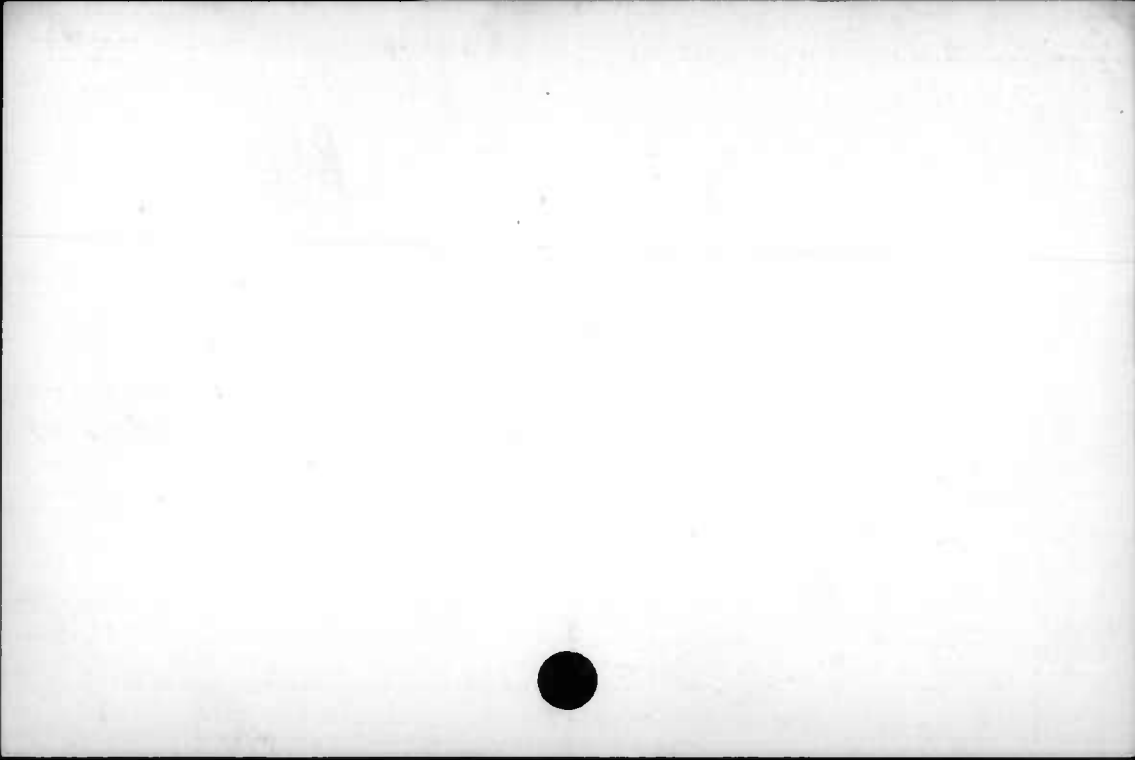
Immediate How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Henry J. Hintz, M.D.*

Address *Hall, P. S. Co. Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Virginia Frances Shipley
 Died at ^{Town} *Bladensburg* ^{County} *Prince Geo* **MARYLAND**
 Date of death **1907** ^{Month} *May* ^{Day} *21* ^{Years} *61* ^{Months} *0* ^{Days} *0*
 Sex *Female* Color or Race *White* Birth-place *Va.*
 Occupation *Housewife* Where Residing If not at place of death
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Francis H Shipley*
 Father's Name *J. Harman* Father's Birthplace *Va*
 Mother's Maiden Name *A. Bennett* Mother's Birthplace *Unknown*
 Name of person giving information *Francis Shipley* How related to deceased *Husband*

CAUSES OF DEATH

(54)

Primary *Born disease Encephalitis* How long *2 years*

Immediate *Cardiac failure*

Are the name, age, sex, color, date and place correctly given above? *Yes*

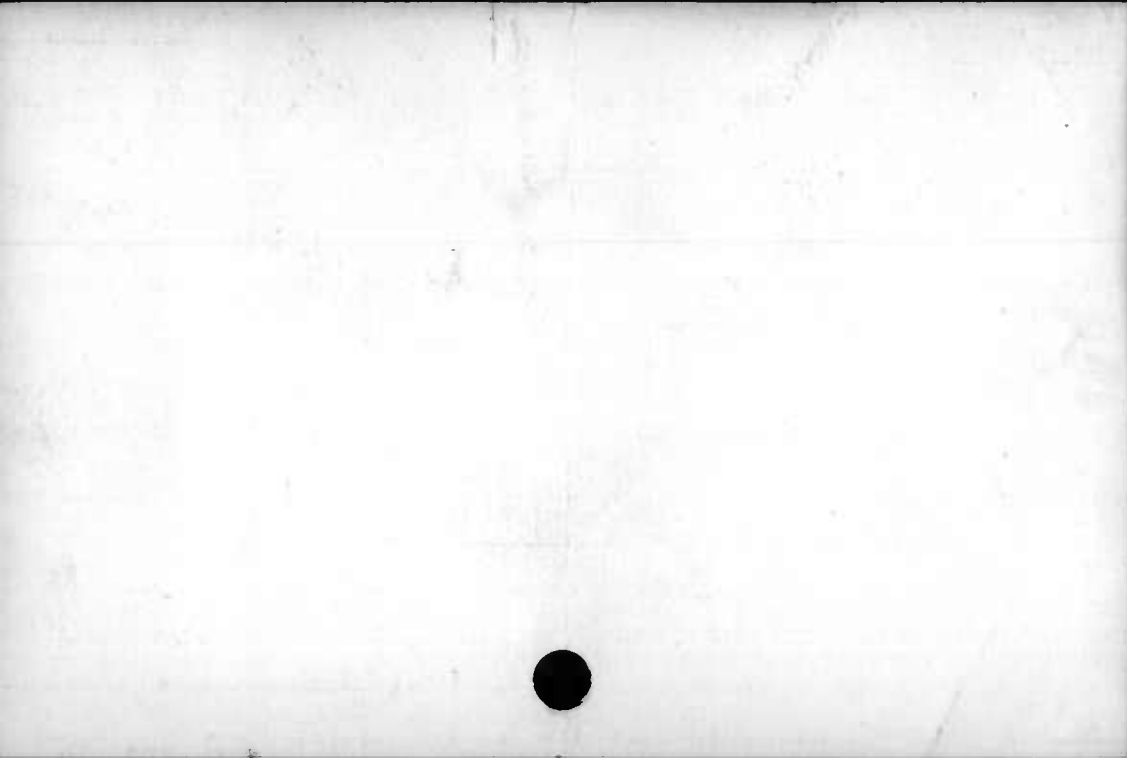
Signature of Physician

Address

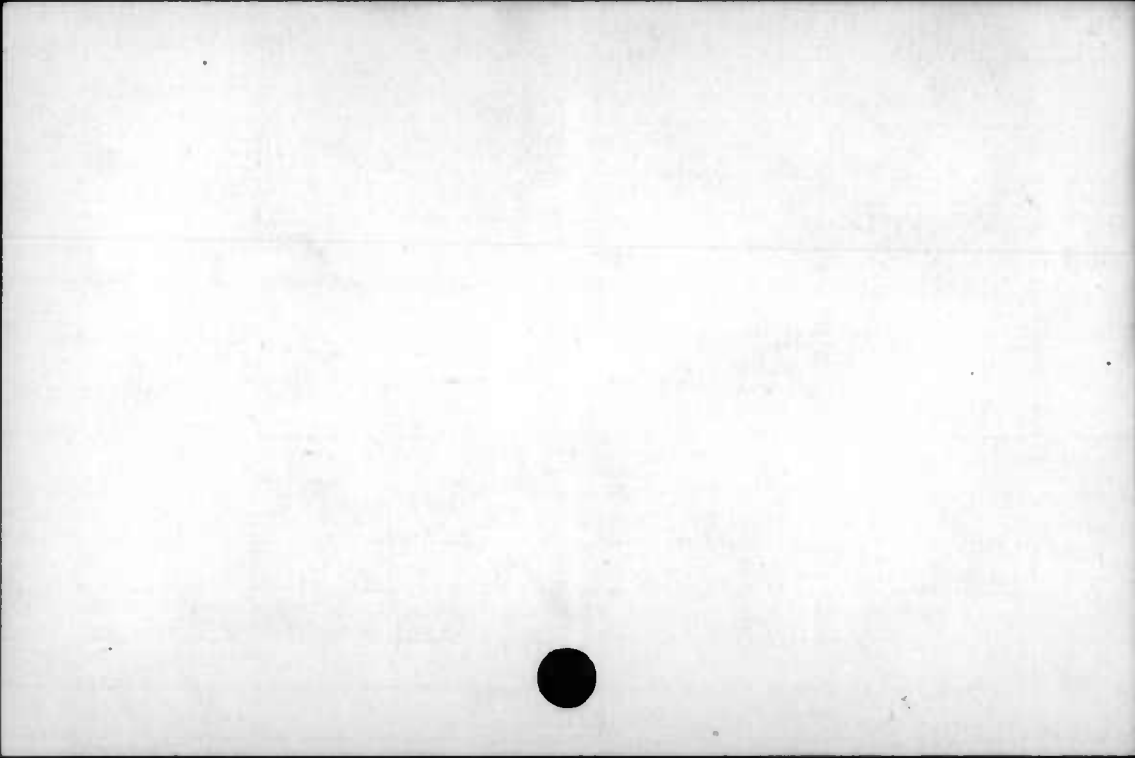
Isaiah W. Hatter
Hyattsville
MD

Accident or Suicide?

Neither



Name in Full		CERTIFICATE OF DEATH										
TO BE ANSWERED BY NEAREST FRIEND	Henry Smallwood near <u>Salant</u> ^{Town} <u>in</u> <u>Charles</u> ^{County} <u>P.H.Co</u> ^{MARYLAND}											
	Died at		Date of death		Month		Day		Years		Months	
	190		7		May		0		30		Age	
	Sex		Male		Color or Race		Colored		Birth-place		Ind.	
	Occupation		Farmer		Where Residing if not at place of death							
	Married, Single or Widowed		Married		Name of Wife or Husband		Sarah Adams					
	Father's Name		Unknown		Father's Birthplace		Unknown					
Mother's Maiden Name		Prueella Smallwood		Mother's Birthplace		"						
Name of person giving information		Aly Adams		How related to deceased		Cousin						
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary		Tuberculosis Pulmonalis						How long		4 yrs	
	Immediate		Exhaustion						How long		1 yr	
	Are the name, age, sex, color, date and place correctly given above?		yes						Signature of Physician		H. Morton Green	
									Address		Aquasco Ind	
	Accident or Suicide?											



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Daniel Smith</i>		Town <i>Groom</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Died at <i>Groom</i>		Month <i>May</i>		Day <i>16</i>		Years <i>Age</i>	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>16</i>		Years <i>Months</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>Groom Md</i>		Days <i>8</i>	
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>James Smith</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Mary Thomas</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>James Smith</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

unknown

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

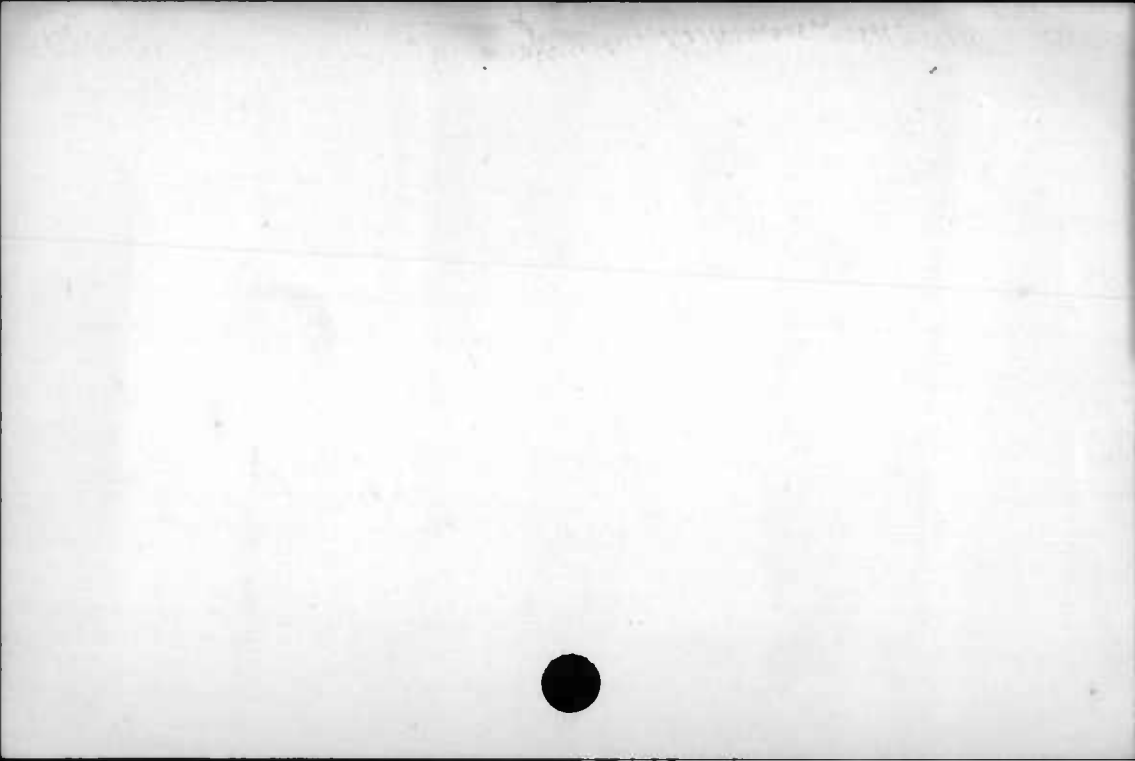
yes

Signature of Physician

Address

Ernest W. Gamel
Actg. Coroner
Northkeys, Md

Accident or Suicide?



Name
in
Full

Nellie Stewart

CERTIFICATE OF DEATH

Died at *Chesapeake Junction* *Prince George* County
 Date of death *1907* *May* *19th* *Age 2* *Months* *Days*

Sex *Female* Color or Race *Colored* Birthplace *D. C.*
 Occupation *Infant* Where Residing if not at place of death *Chesapeake Junction*
~~Married, Single~~ ~~Widowed~~ Name of Wife or Husband

Father's Name *Lewis Stewart* Father's Birthplace *Md.*
 Mother's Maiden Name *Fannie Brown* Mother's Birthplace *Va.*
 Name of person giving information *Lewis Stewart* How related to deceased *Father*

CAUSES OF DEATH

8

Primary *Whooping cough* How long *Two months*

Immediate *Exhaustion* How long *One day*

Are the name, age, sex, color, date and place correctly given above?

Yps

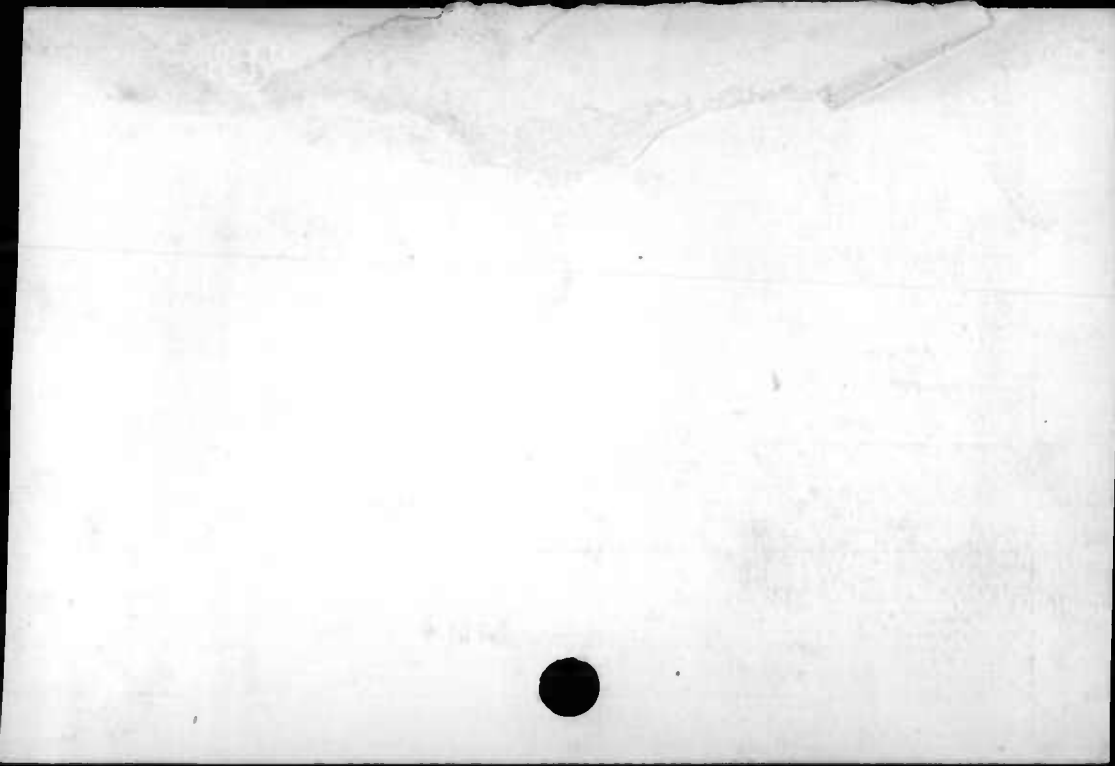
Signature of Physician

Address

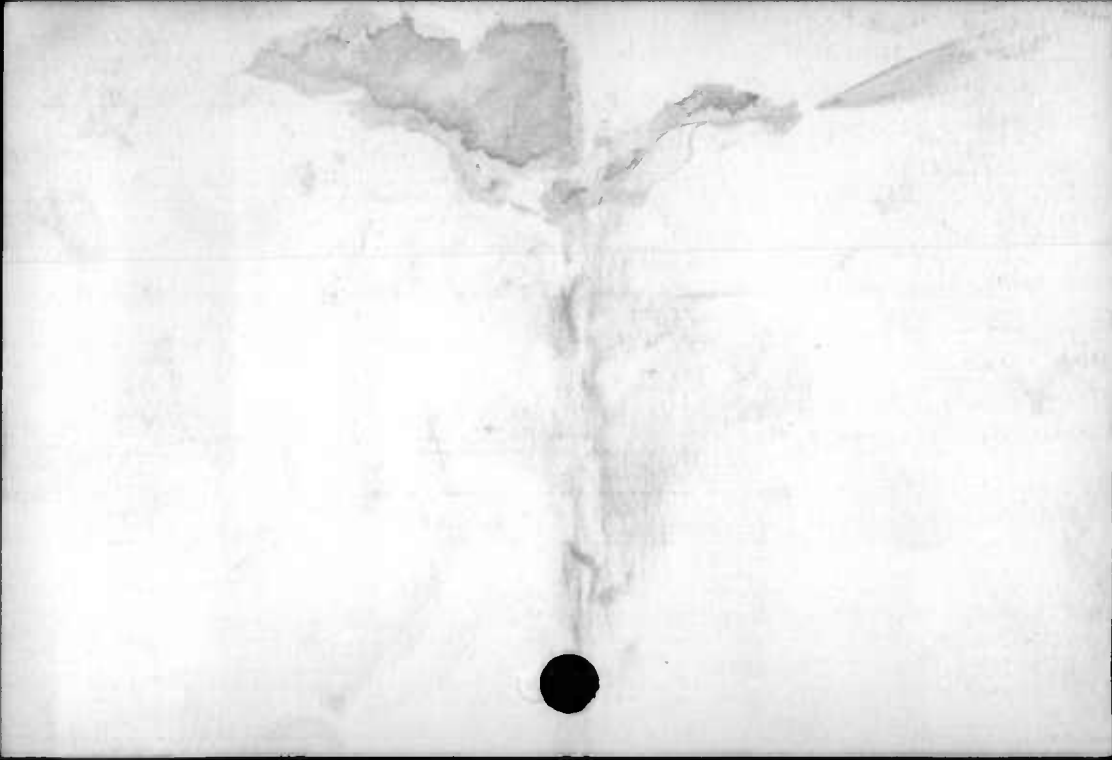
R. A. Schoonover
203 Anacostia Ave.
Benning, D. C.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Pearline Henrietta Stewart				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Chesapeake Junction Prince George					
Date of death		1907	Month	May	Day	5	Age
		Years		4		Months	Days
Sex		Female		Color or Race		Colored	
		Birth-place		Md.			
Occupation		None		Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Louis Stewart				Father's Birthplace	
						Md.	
Mother's Maiden Name		Fannie Stewart				Mother's Birthplace	
						Va.	
Name of person giving information		Louis Stewart				How related to deceased	
						Father	
CAUSES OF DEATH							
Primary		Whooping cough				How long	
						2 months	
Immediate		Meningitis				How long	
						8 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician	
						W. W. Jones M. D.	
						Address	
						2200 1st Street	
						Del.	
Accident or Suicide?							



Name
in
Full

Amos Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

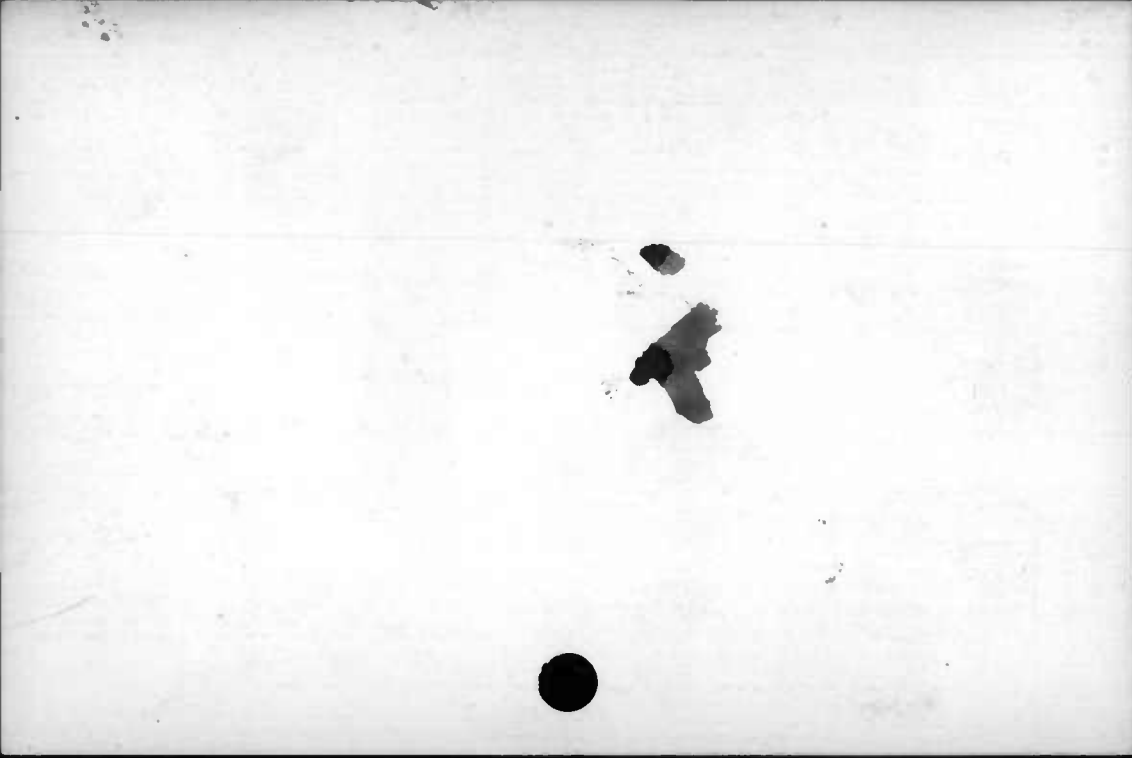
Died at <i>New Lane</i>		Town <i>Pr Geo</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>May</i>	Day	<i>13</i>	Age	<i>65</i>
Sex	<i>Male</i>	Color or Race	<i>Black</i>		Birth-place	<i>Ind</i>	
Occupation	<i>Labourer</i>		Where Residing if not at place of death		<i>New Lane</i>		
Married, Single or Widowed	<i>yes</i>		Name of Wife or Husband				
Father's Name	<i>Don Krom</i>					Father's Birthplace	
Mother's Maiden Name	<i>Dr Krom</i>					Mother's Birthplace	
Name of person giving information	<i>Oliver Thomas</i>					How related to deceased <i>Son</i>	

CAUSE OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart disease</i>		How long	<i>5 mo</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>Dr. R. R. R. R.</i>
			Address	<i>Sausal</i>
				<i>Ind</i>
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James L. Thomas* Town *Stanton* County *P. D.*

Died at *Stanton* Maryland

Date of death *1907* Month *May* Day *2* Age *21* Years Months Days

Sex *Male* Color or Race *White* Birth-place *MD*

Occupation *Store Keeper* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *James L. Thomas* Father's Birthplace *MD*

Mother's Maiden Name *Caroline Brashear* Mother's Birthplace *MD*

Name of person giving information How related to deceased

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

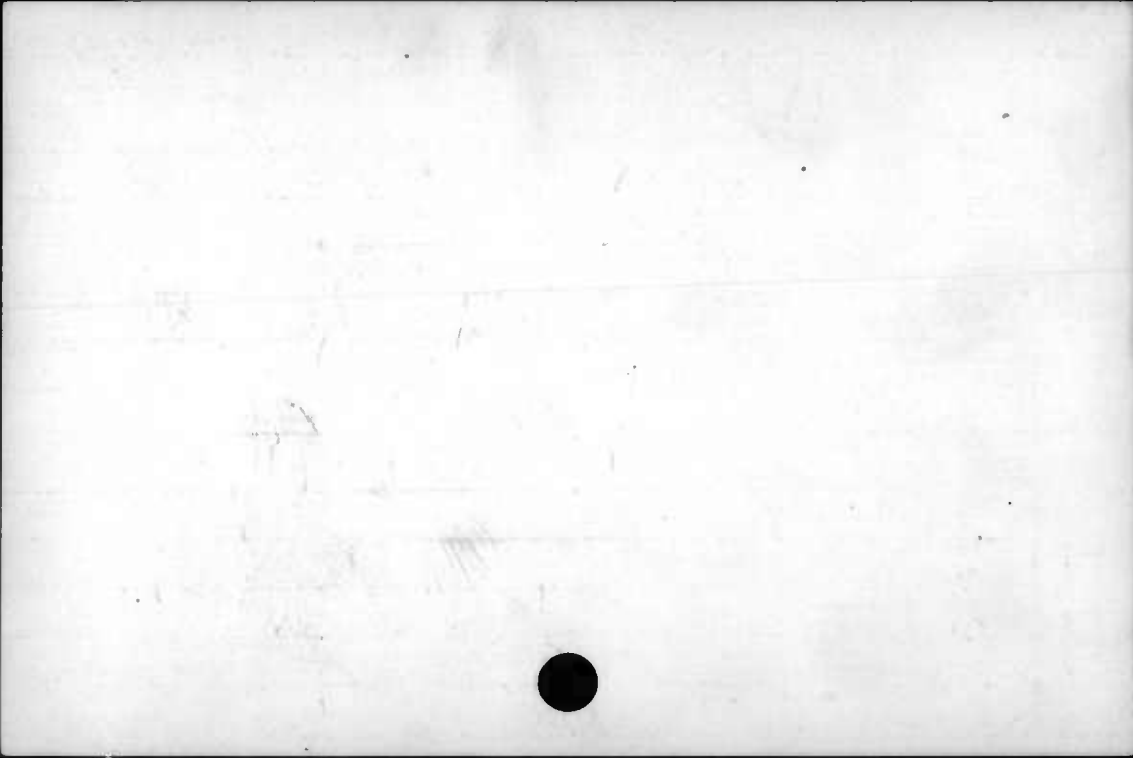
Primary *Masturbation* How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. L. Waring* Address *Stanton MD*

Accident or Suicide?



Name
in
Full

Sylvester Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

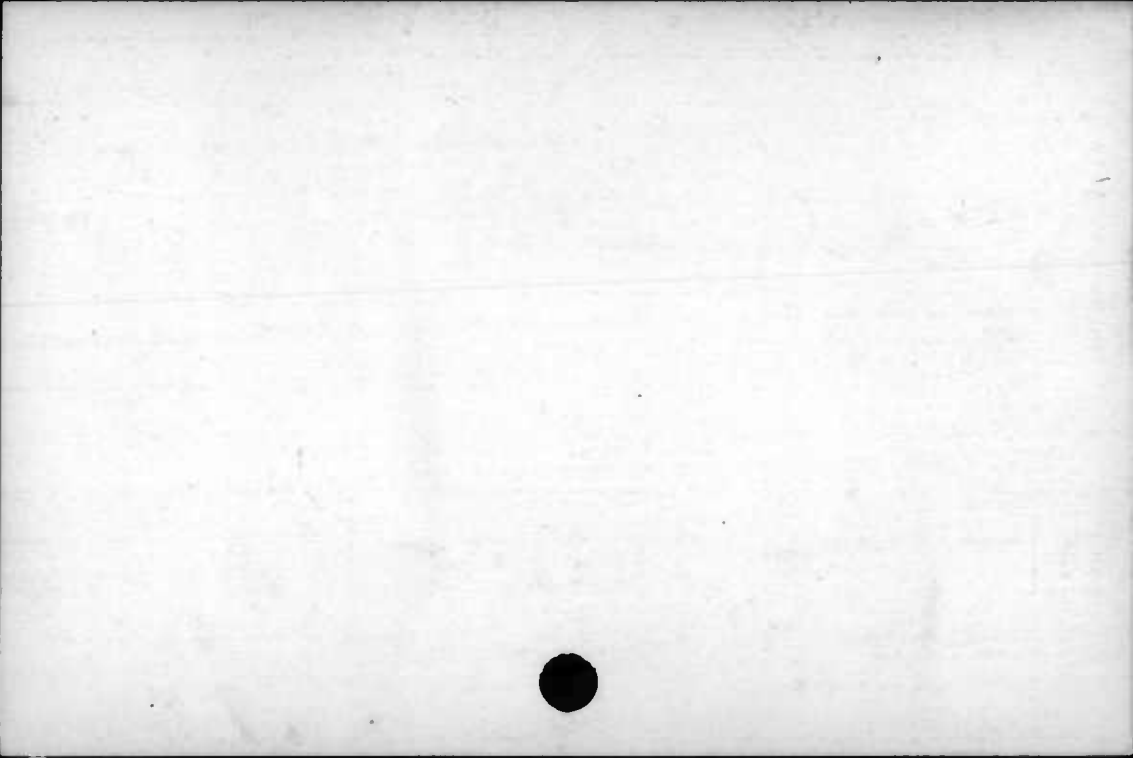
Died at <i>Oven Hill</i> ^{Town}		<i>Prince Geo.</i> ^{County}		MAYLAND	
Date of death	1907	Month	May	Day	18
Age		Years		Months	8
Sex		Male		Color or Race	Black
Birth-place.		Maryland			
Occupation		Child		Where Residing if not at place of death	
Married, Single or Widowed		Oven Hill Md			
Father's Name		Arthur Thompson		Father's Birthplace	
Mother's Maiden Name		Ida Brown		Maryland	
Name of person giving information		Arthur Thompson		Mother's Birthplace	
				Maryland	
				How related to deceased	
				Father	

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	one week
Immediate	Asthenia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Congress Heights	
		D.C.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Mary E. Boyed Yates

Died at ^{Town} near Picat-away ^{County} Prince George

MARYLAND

Date of death 1907 ^{Month} May ^{Day} 22 ^{Years} Age 20 ^{Months} — ^{Days} —Sex Female ^{Color or Race} Colored ^{Birth-place} MdOccupation Housewife ^{Where Residing If not at place of death} At HomeMarried, Single or Widowed married ^{Name of Wife or Husband} William YatesFather's Name Benjamin Bord ^{Father's Birthplace} MarylandMother's Maiden Name Lettie Pinkney ^{Mother's Birthplace} MarylandName of person giving information William Yates ^{How related to deceased} Husband

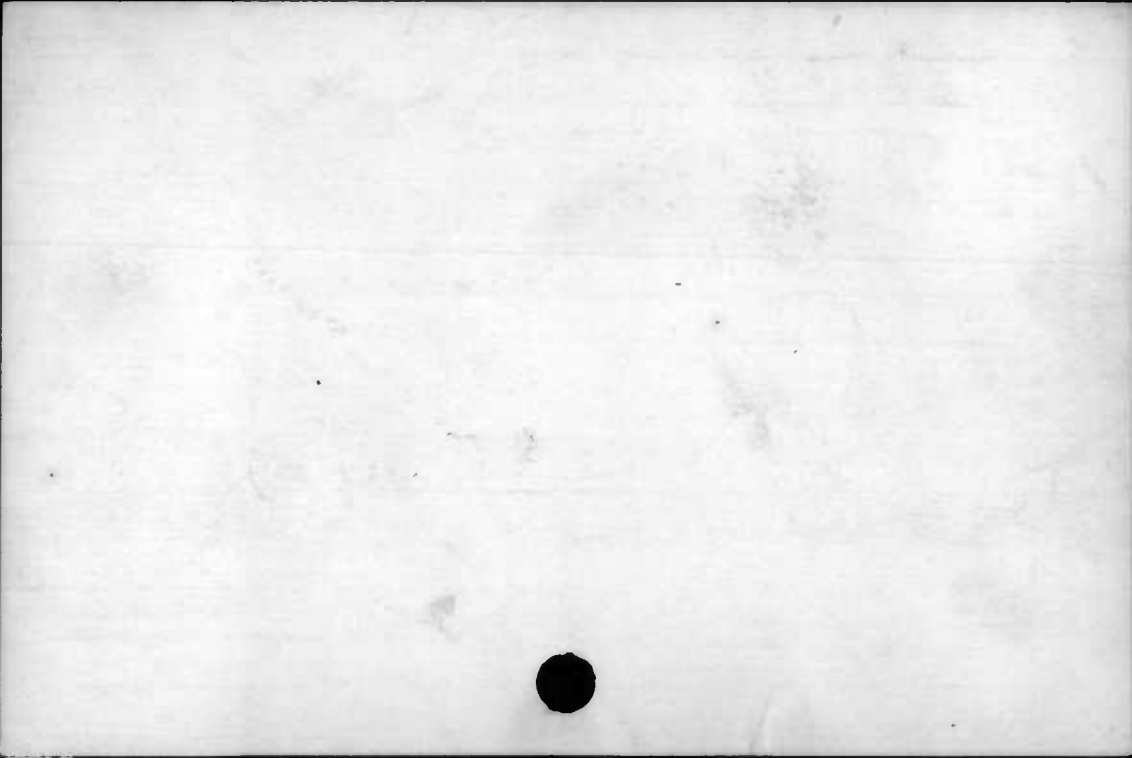
CAUSES OF DEATH

120

Primary Chalazonephritis ^{How long} About 12 monthsImmediate Heart Failure ^{How long} Short whileAre the name, age, sex, color, date and place correctly given above? ^{Signature of Physician} H. Q. Monroe, M.D.yes ^{Address} Waldorf Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Don't- Know				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Arduick		Prince George		MARYLAND	
	Date of death	1907	May	28	Age about 40	Months	Days
	Sex	male,		Color or Race	Black	Birth-place	Don't Know
	Occupation	Don't Know			Where Residing if not at place of death		
	Married, Single or Widowed	Don't Know		Name of Wife or Husband		Don't Know	
	Father's Name	Don't Know				Father's Birthplace	Don't Know
	Mother's Maiden Name	"				Mother's Birthplace	"
Name of person giving information	"				How related to deceased	"	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	killed by engine No 2 on B. & P. B. R.					How long
	Immediate						How long
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				In a stinging			
				Coroner this case			

